FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **C97000000002**

1. Corporation Name

LAKE MAGGIORE BAPTIST CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

4100 NINTH ST. SOUTH ST. PETERSBURG FL 33705-3948

4100 NINTH ST. SOUTH ST. PETERSBURG FL 33705-3948

FILED Feb 24, 1999 8:00 am § Secretary of State

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					1 1401261 1110 (1911 1911) 2011 2011 2011 2011 2011 2011 2011			
2. Principal F	2a. Mailing Address			3. Date Incorporated or Qualifed 08/29/1997				
21		26						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For S9-6019789 Not Applied be			
22		27						
City & State		⊢	City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required			
Zip Country		28	Zip Country		6. Election Campaign Financing S5.00 May Be			
Zip					Trust Fund Contribution Added to Fees			
24 25 29 29 9. Name and Address of Current Registered Agent		<u> </u>	10. Name and Address of New Registered Agent		71447			
	3. Name and Address of Current	: Kedistoron Vacin	81	Name				
VANSON,			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	VENUE SO.		83	-				
ST. PETE	RSBURG FL 33705			·				
			84	City	FL 85 Zip Code			
11 Pursuant	to the provisions of Sections 617 0502	2 and 617.1508. Florida Statutes	, the abov	e-named o	corporation submits this statement for the purpose of changing its registered			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Age	nt signature re	equired when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition			
NAME	AMICK, DAVID M		1.2 NAME	ł				
STREET ADDRESS			1.3 STREE	TADORESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1.4 CITY-S	T-ZIP				
TITLE	D .	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition			
NAME	MYERS, WILLIAM H		2.2 NAME		الوقع المرابعة المحافظة المستسطة المستمر المستمر المرابعة المستمرة المستمرة المستمرة المستمرة المستمرة المستمرة			
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33705		2. 4 CITY-	ST-ZIP				
TITLE	D	₽ DELETE	3.1 TITLE		D X☐ Change ☐ Addition			
NAME	SUMMERALL, M. LOUISE		3.2 NAME		Summerall, M. Louise			
STREET ADDRESS			3.3 STREE	T ADDRESS	470 Third Street South, #302			
CITY-ST-ZIP	ST. PETERSBURG FL 33705		3.4. CITY-5		St. Petersburg, Fla. 33701			
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition			
NAME	VANSON, HELENA		4. 2 NAME					
STREET ADDRESS			4.3 STRFF	T ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33705	•	4.4 CITY-S					
TITLE	T	DELETE	5.1 TITLE		T Change Addition			
NAME	SUMMERALL, M. LOUISE	***	5.2 NAME		Summerall, M. Louise			
STREET ADDRESS			5.3 STREE	TADDRESS	470 Third Street South, #302			
	ST. PETERSBURG FL 33705		5.4 CITY- S	T-ZIP	St. Petersburg, Fl. 33701			
CITY-ST-ZIP	GI. FEIENGBORG FE 33/03	☐ DELETE	6.1 TITLE		Change Addition			
NAME		<u></u>	6.2 NAME					
			6.3 STRFF	TADDRESS				
STREET ADDRESS			S.S. STILLE					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: