## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 01, 2005 8:00 am Secretary of State DOCUMENT # C97000000002 1. Entity Name 02-01-2005 90031 041 \*\*\*\*61.25 LAKE MAGGIORE BAPTIST CHURCH OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address 4100 NINTH ST. SOUTH 4100 NINTH ST. SOUTH 50009159 ST. PETERSBURG FL 33705-3948 ST. PETERSBURG FL 33705-3948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-6019789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 16. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Helena yan Son 521 4 Ave So lena Vanson EVANS, DÓRIS 1804 RAMPART ST TAMPA FL 33604 Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: R FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE **√** Delete TITLE ☐ Addition MORRISON, STEPHEN NAME NAME 2545 CORDOVA WAY SOUTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP D-TRUSTEE ☐ Delete MYERS, WILLIAM H NAME NAME 1323 ASTURIA WAY SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-ZIP TITREasurer TITLE Delete Addition VAN SON, HELENA NAME 521 61ST AVE. SOUTH STREET ADDRESS STREET ADDRESS. ST. PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition GARDNER, CLEVELAND NAME NAME 643 62ND-AVENUE S. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED