


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90029 045 \*\*\*\*61.25

<b>DOCUMENT # C97000000002</b> 1. Entity Name <b>LAKE MAGGIORE BAPTIST CHURCH OF ST. PETERSBURG, INC.</b>					
Principal Place of Business <b>4100 NINTH ST. SOUTH ST. PETERSBURG, FL 33705-3948</b>			Mailing Address <b>4100 NINTH ST. SOUTH ST. PETERSBURG, FL 33705-3948</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-6019789</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>VANSON, HELENA 521 61 AVENUE SOUTH SAINT PETERSBURG, FL 33705</b>			7. Name and Address of New Registered Agent Name <b>MR. RAY SPENCER</b> Street Address (P.O. Box Number is Not Acceptable) <b>5150 10th. AVE N. APT # 108A</b> City <b>ST. PETERSBURG, FL 33710</b> <b>FL</b> Zip <b>33710</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT MYERS, WILLIAM H 1323 ASTURIA WAY SOUTH ST. PETERSBURG, FL 33705</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MR. RALPHA BYRD 291 DOLPHIN AVE. SE ST. PETERSBURG, FL 33705</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT VAN SON, HELENA 521 61ST AVE. SOUTH ST. PETERSBURG, FL 33705</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT MR. RAY SPENCER 5150 10th AVE N. APT#108A ST. PETERSBURG, FL 33710</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SMITH, ENID 2231 CORANDO WY S SAINT PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Ray D. Spencer</i> <b>RAY D. SPENCER</b> 7-13-08-727-525-9286 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					