


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State


02-17-2004 90029 031 ****70.00

DOCUMENT # N01000003525	
1. Entity Name	
THE CHURCH OF THE FIRST BORN OF ST. PETERSBURG, INC.	

Principal Place of Business	Mailing Address
2511 KINGSTON STREET S ST. PETERSBURG FL 33711 US	POST OFFICE BOX 933 ST. PETERSBURG FL 33731-0933

2. Principal Place of Business	3. Mailing Address
3639 1/2 5th Ave No. Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
St. Petersburg, FL	
Zip	Country
33713	Pinellas

	
MOORE	CR2E037 (11/03)
4. FEI Number	Applied For
37-1466421 59-3674872	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUTLIFF, YATE K 501 FIRST AVENUE NORTH SUITE 507 ST. PETERSBURG FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVER, A ROY	NAME	
STREET ADDRESS	404 - 40TH STREET S	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LEOLA	NAME	
STREET ADDRESS	2511 KINGSTON STREET S	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, LAVERNE	NAME	
STREET ADDRESS	2410 14TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Laverne M. Reynolds* **Feb. 08, 2004** **(921) 329-3149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #