

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000013	
1. Entity Name ST. PETERSBURG PRESBYTERIAN CHURCH, INC.	

Principal Place of Business 600 1ST AVE. N. SUITE 125 ST. PETERSBURG FL 33701	Mailing Address 600 1ST AVE. N. SUITE 125 ST. PETERSBURG FL 33701
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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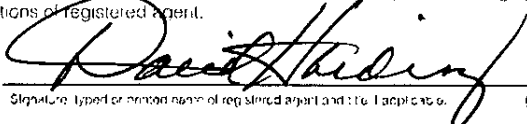
1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 30-0029509	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARDING, DAVID L 600 1ST AVE. N. SUITE 125 ST PETERSBURG FL 33701	
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7. Name and Address of New Registered Agent	
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 2/7/08

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CPD HARDING, DAVID L 600 1ST AVE. N., SUITE 125 SAINT PETERSBURG FL 33701 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BODDIE, PHIL 6321 AUGUSTA BLVD SEMINOLE FL 33777 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WELLS, HAL 300 BEACH DR. NE ST. PETERSBURG FL 33701 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE 

2/7/08/21821-4195