# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -4 PM 3:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N02000006882

1. Entity Name
GRACE BIBLE CHURCH OF PINELLAS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 222 LINCOLN AVE S<br>CLEARWATER, FL 33756 | 222 LINCOLN AVE S<br>CLEARWATER, FL 33756 |

02022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
11-3650553
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, RICHARD B
222 LINCOLN AVE S
CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | NEYMOUR, DEREK |
| STREET ADDRESS | 222 LINCOLN AVE S |
| CITY-ST-ZIP | CLEARWATER, FL 33756 |
| TITLE | DVST |
| NAME | GREENE, RICHARD B |
| STREET ADDRESS | 5430 LEMON TREE LANES |
| CITY-ST-ZIP | PINELLAS PARK, FL 33782 |
| TITLE | SD |
| NAME | MYERS, SHIRLEY |
| STREET ADDRESS | 2534 ESTANCIA BLVD |
| CITY-ST-ZIP | CLEARWATER, FL 33761 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

600028411326
02/09/04--01047--011 **61.25

**DO NOT WRITE IN THIS SPACE**

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:** _____ 2/2/04 727 547-6825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #