



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90014 013 \*\*\*\*61.25

<b>DOCUMENT # N03000004843</b> 1. Entity Name <b>LIVING HOPE COMMUNITY CHURCH OF PINELLAS, INC.</b>					
Principal Place of Business <b>2569 BARMBLEWOOD DRIVE EAST CLEARWATER, FL 33763</b>			Mailing Address <b>2569 BARMBLEWOOD DRIVE EAST CLEARWATER, FL 33763</b>		
2. Principal Place of Business <b>12945 SEMINOLE BLVD</b> Suite, Apt. #, etc. <b>SUITE 16</b> City & State <b>LARGO, FL</b> Zip <b>33778</b>		3. Mailing Address <b>12945 SEMINOLE BLVD</b> Suite, Apt. #, etc. <b>SUITE 16</b> City & State <b>LARGO, FL</b> Zip <b>33778</b>		4. FEI Number <b>04-3760234</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCOTT, KEITH 1374 STRATFORD DRIVE CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to Florida Department of State</b> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KEITH SCOTT 1374 STRATFORD DR CLEARWATER, FL 33756</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>T</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TIFFANY CARAWAY 11504 61ST AVE N SEMINOLE, FL 33772</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>S</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CONNIE SCOTT 1374 STRATFORD DR. CLEARWATER, FL 33756</b>		
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		
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 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.					
<b>SIGNATURE:</b>  <b>KEITH SCOTT</b> <span style="float: right;">7/2/04 (727) 559-0250</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

~~Attachment~~ 5406363 ✓  
Doc# No 3000008843

From the Desk of .....

**Pastor Keith Scott**

7/14/04

TO WHOM IT MAY CONCERN,  
I WAS TOLD BY SOMEONE IN YOUR  
OFFICE THAT WE WOULD NOT BE  
CHARGES/FILED \$450 BECAUSE WE ARE A  
NOT FOR PROFIT ORGANIZATION.  
IF I'VE BEEN MISINFORMED, PLEASE LET  
ME KNOW. I ONLY JUST RECEIVED  
YOUR CARD, A WEEK AGO, STATING  
THAT WE HAD NOT FILED OUR ANNUAL  
REPORT & WE HAD TO GET IT  
DONE BY SEPTEMBER 8th.

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THANK YOU FOR YOUR HELP

