


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90001 049 ****61.25

DOCUMENT # N03000004843	
1. Entity Name LIVING HOPE COMMUNITY CHURCH OF PINELLAS, INC.	

Principal Place of Business 12945 SEMINOLE BLVD STE 16 LARGO, FL 33778	Mailing Address 12945 SEMINOLE BLVD STE 16 LARGO, FL 33778
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2. Principal Place of Business 12945 SEMINOLE BLVD Suite, Apt. #, etc. 13, BLDG #1 City & State LARGO, FL Zip 33778 Country U.S.A	3. Mailing Address 12945 SEMINOLE BLVD Suite, Apt. #, etc. 13, BLDG #1 City & State LARGO, FL Zip 33778 Country U.S.A
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04112005 Chg-NP CR2E037 (10/03)

4. FEI Number 04-3760234	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SCOTT, KEITH 1374 STRATFORD DRIVE CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, KEITH 1374 STRATFORD DR CLEARWATER, FL 33756 <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	T CARAWAY, TIFFANY 11504 61ST AVE N SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete	TITLE M NAME CHARLIE COFLIN STREET ADDRESS 6425 SHORELINE DR #10403 CITY-ST-ZIP ST. PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, CONNIE 1374 STRATFORD DR CLEARWATER, FL 33756 <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
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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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 **(727) 559-2250**
Date Daytime Phone #