

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004843

FILED
Apr 28, 2007
Secretary of State

Entity Name: LIVING HOPE COMMUNITY CHURCH OF PINELLAS, INC.

Current Principal Place of Business:

12945 SEMINOLE BLVD
13 BLDG, # 1
LARGO, FL 33778

New Principal Place of Business:

9601 BAY PINES BLVD
SAINT PETERSBURG, FL 33708

Current Mailing Address:

12945 SEMINOLE BLVD
13 BLDG, # 1
LARGO, FL 33778

New Mailing Address:

9601 BAY PINES BLVD
SAINT PETERSBURG, FL 33708

FEI Number: 04-3760234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, KEITH
1374 STRATFORD DRIVE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

COFLIN, CHARLES E
6450 SHORELINE DR #9106
SAINT PETERSBURG, FL 33708 US

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.

SIGNATURE: CHARLES E. COFLIN

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTT, KEITH
Address: 1374 STRATFORD DR
City-St-Zip: CLEARWATER, FL 33756

Title: M () Delete
Name: COFLIN, CHARLIE
Address: 6425 SHORELINE DR, # 104-03
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: S () Delete
Name: SCOTT, CONNIE
Address: 1374 STRATFORD DR
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COFLIN, CHARLES
Address: 6450 SHORELINE DR #9106
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: M (X) Change () Addition
Name: NORRIS, JOHN
Address: 9937 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: S (X) Change () Addition
Name: MCDONALD, CAROL
Address: 13898 75TH AVE N
City-St-Zip: SEMINOLE, FL 33776

Title: M () Change (X) Addition
Name: GABRIEL, ALVES
Address: 7310 4TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: T () Change (X) Addition
Name: TOM, CRIDER
Address: 14017 LEEWARD DR
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E COFLIN

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date