## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004843

FILED Apr 30, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 9601 BAY PINES BLVD SAINT PETERSBURG, FL 33708 **Current Mailing Address: 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: Name and Address of New Registered Agent: COFLIN, CHARLES E 6450 SHORELINE DR #9106 US SAINT PETERSBURG, FL 33708 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COFLIN, CHARLES Name: Name: 6450 SHORELINE DR #9106 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: Title: () Delete Title: VΡ (X) Change ( ) Addition NORRIS, JOHN Name: SPAN, JOHN Name: Address: 9937 WINDTREE BLVD Address: 2591 17 AVE NORTH City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SAINT PETERSBURG, FL 33713 US Title: () Delete Title: (X) Change ( ) Addition MCDONALD, CAROL RAGSDALE, FRED Name: Name: Address: 13898 75TH AVE N Address: 550 59 LANE SOUTH City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: SAINT PETERSBURG, FL 33710 US Title: (X) Delete Title: M () Change () Addition Name: GABRIEL, ALVES Name: Address: 7310 4TH AVE S Address: City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: Title: (X) Delete Title: () Change () Addition TOM, CRIDER Name: Name: 14017 LEEWARD DR Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip:

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 04/30/2008