

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUN 24 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06112008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N05000004624</b> 1. Entity Name <b>CHURCH OF CHRIST AT PINECREST PARK INC.</b>			
Principal Place of Business <b>301 38TH STREET NORTH SAINT PETERSBURG, FL 33713-7451</b>		Mailing Address <b>301 38TH STREET NORTH SAINT PETERSBURG, FL 33713-7451</b>	
2. Principal Place of Business - No P.O. Box # <b>301 38th Street North</b>		3. Mailing Address <b>301 38th Street North</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>	
Zip <b>33713</b>		Zip <b>33713</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAPP, LENWOOD SR. 301 38TH STREET NORTH SAINT PETERSBURG, FL 33713-7451</b>		7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code <b>33713</b>	
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 <b>Lenwood Sapp Sr</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>06-11-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>SAPP, LENWOOD SR. 301 38TH STREET NORTH SAINT PETERSBURG, FL 337137451</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>JERNIGAN, LLOYD A JR. 301 38TH STREET NORTH SAINT PETERSBURG, FL 337137451</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete <b>WRIGHT, GAIL 301 38TH STREET NORTH SAINT PETERSBURG, FL 337137451</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>Norman Walker, Jr 301 38th Street North St. Petersburg, FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>Seletha Evans 301 38th Street North St. Petersburg, FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	officer <input type="checkbox"/> Delete <b>Gary Delaney 301 38th Street North St. Petersburg, FL 33713</b>		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gary Delaney 301 38th Street North St. Petersburg, FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Charles Robinson 301 38th Street North St. Petersburg, FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Seletha Evans 301 38th Street North St. Petersburg, FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Norman Walker, Jr. 301 38th Street North St. Petersburg, FL 33713</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BOBBY BRONSON 301 38th STREET NORTH ST. PETERSBURG, FL 33713</b>		
<b>600131629166</b> <b>06/24/08--01033--005 **\$61.25</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Lenwood Sapp Sr</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>06-11-08</b> Daytime Phone # <b>813-781-5029</b>	

Lenwood Sapp, Sr