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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05065** (0)

1. Corporation Name

**FELLOWSHIP BAPTIST CHURCH OF PINELLAS COUNTY, IN  
C.**

Principal Place of Business

2855 HAINES BAYSHORE RD  
CLEARWATER FL 33760  
US

Mailing Address

2855 HAINES BAYSHORE RD.  
CLEARWATER FL 33760  
US

3. Date Incorporated or Qualified

09/10/1984

4. FEI Number

59-2529105

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWTON, BONNIE S  
8992 SEMINOLE BLVD  
SEMINOLE FL 33542

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BURNE, RONALD H  
STREET ADDRESS 208 RICHARDS AVE  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE PD  
1.2 NAME BURNE, RONALD H.  
1.3 STREET ADDRESS 208 RICHARDS AVE.  
1.4 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE TR  
NAME LAYNE, DONALD  
STREET ADDRESS 703 13TH AVE N.W.  
CITY-ST-ZIP LARGO FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 33770

TITLE TR  
NAME CAJIGAS, IGNACIO  
STREET ADDRESS 1616 S. JEFFERSON AVE  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 33756

TITLE TDTR  
NAME MCCLOUD, BENTON  
STREET ADDRESS 1600 GENTRY MCCLOUD  
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 33755

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Benton McCLOUD* REQUIRED

1/8/98 813/448-0496

CR2E037 (10/97)