

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N06990
 1. Entity Name
 THE CENTRAL BAPTIST CHURCH OF PINELLAS, INC.



Principal Place of Business Mailing Address
 %STEPHEN W. SHELTON %STEPHEN W. SHELTON
 3159 21ST ST. N. 3159 21ST ST. N.
 ST. PETERSBURG, FL 33713-0052 ST. PETERSBURG, FL 33713-0052



04242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
 59-2469481 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHELTON, STEPHEN W.
 3159 21ST ST. N.
 ST. PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

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

04/27/05-811433-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRISP, DON 3215 MELTON ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLBROOK, DAN 9381 93RD AVENUE NORTH SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD SHELTON, STEPHEN W. 14012 FULLERTON DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, KEITH I 17026 S R 54 LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4/22/05** **727-521-426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #