

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:58

DOCUMENT # N11037 (1)

1. Corporation Name

BRETHREN CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

6301 56TH AVE N.  
ST. PETERSBURG FL 33709

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ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1985  
3a. Date of Last Report 01/25/1994  
4. FEI Number 59-6533967  
Applied For Not Applicable

2. Principal Place of Business  
21  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip 25 Country  
26  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAHDERT, GEORGE K.  
535 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LERSCH, REV. PHIL
STREET ADDRESS	6301 56TH AVENUE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	VD
NAME	HAUFT, CLAUDIA
STREET ADDRESS	6114 49TH AVE N
CITY-ST-ZIP	KENNETH CITY FL
TITLE	TD
NAME	MUNSON, BONNIE
STREET ADDRESS	6301 56TH AVENUE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	SD
NAME	LERSCH, JEAN
STREET ADDRESS	6301 56TH AVENUE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hauft, Claudia
2.3 STREET ADDRESS	1116 Hidden Ridge Dr. Apt. 2085
2.4 CITY-ST-ZIP	Irving, TX 75038
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phil Lersch Phil Lersch Jan. 10, 1995 (813) 544-2911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #