NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N11037

(1)

BRETHREN CHURCH OF ST. PETERSBURG, INC.

| Principal Place of Business Mailing Address | | | | | C SAGNING DET 1990 JUNIS GOLDE HILL 1891 I | 11011 01010 01011 0101 1 | AIRN MAGUL 1881 |
|---|--|---|-----------------------------------|--------------------------|--|---|-------------------------------|
| 6301 56TH AV ST. PETERSB | /E N. URG FL 33709 | 6301 56TH AVE N. St. Petersburg Fl 3 | 13709 | | | | |
| | | | | | 3. Date Incorporated or Qualified 09/10/1985 | 3a. Date of Last 01/23/1 | Report 995 |
| 2. Principal Pa | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 59-6533967 | - + | Applied For Not Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | 5 Additional Required |
| City & State |) | City & State | | | 6. Election Campaign Financing | \$5.0 | May Be |
| 23 | Country | Zip | Country | | Trust Fund Contribution 8. This corporation has liability for Intane | Adde | d to Fees |
| 24 | 25 | 29 | 30 | | Florida Statutes | es No | |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Regis | tered Agent | |
| DAUDED | T CEODOE V | | 81 | Name | | | |
| | t, george K. Itral avenue | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| ST. PETE | ERSBURG FL 33701 | | 83 | | | | |
| | | | 84 | City | - Al-141 | 65 Zij | p Code |
| 11. Pursuant t | to the provisions of Sections 617 050: | 2 and 617 1508. Florida Statute | es the shous | amed cor | poration submits this statement for the purpose | FL of changing its | registered office |
| or register | red agent, or both, in the State of Flor th, and accept the obligations of, Sec | ida. Such change was authoriz | ed by the corp | oration's t | poration submits this statement for the porpose poard of directors. I hereby accept the appointm | ent as registered | agent. I am |
| | in, and accept the obligations of, Sec | tion 617.0505, Florida Statutes | > , | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agon | it and title if applicable. (NC | OTE: Registered Age | il signature rec | julred when reinstating) | DATE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTO | ORS IN 12 |
| TITLE | PD | ☐DELETE | 1.1 TITLE | | | ☐ Change | Addition |
| NAME | LERSCH, REV. PHIL | | 1.2 NAME | | | | |
| STREET ADDRESS | 6301 56TH AVENUE N. | | 1.3 STREET | ADDRESS | | | |
| CITY-SI-ZIF | ST. PETERSBURG FL | | 1.4 CITY-S | T-ZIP | | 33709 | |
| TITEE | VD | ☐ DELETE | 2.1 TITLE | | VD | Change | Addition |
| NAME | HAUFT, CLAUDIA 1116 HIDDEN RIDGE DR. AP | T 0005 | 2.2 NAME | | Hauft, Claudia | | |
| STREET ADDRESS | IRVING TX | 1. 2003 | 2 3 STREET | ADDRESS | 1356 Mustang Drive Lewisville, TX 75067 | | |
| CITY - ST - ZIP | 1D | DELETE | 2 4 D(TY- | ST - ZIP | Lewisville, IX /506/ | 6 305 | ETT Address |
| NAME | MUNSON, BONNIE | Поссе | 31 TITLE | İ | | Change | Addition |
| STREET ADDRESS | 6301 56TH AVENUE N. | | 3 2 NAME | , DDDCCC | | | |
| CITY-ST-7IF | ST. PETERSBURG FL | | 3.3 STREET 3.4. DITY-1 | 1 | | 33709 | |
| TITLE | SD | DELETE | 4 1 TITLE | 51-ZIF | | Change | Addition |
| NAME | LERSCH, JEAN | _ | 4 2 NAME | 1 | | | |
| STREET ADDRESS | 6301 56TH AVENUE N. | | 4 3 STREET | ADDRESS | | | |
| CITY - S1 - ZIP | ST. PETERSBURG FL | | 4.4 CiTY - 5 | l. | | 33709 | |
| T÷TLF | | DELETE | 5 1 THTLE | | | Change | Addition |
| NAME: | | | 52 NAME | į | | | |
| STREET ADDRESS | | | 53 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 54 CITY - 9 | IT-ZIP | | | |
| TITLE | | DELETE | 6 1 TITLE | I | | ☐ Change | Addition |
| NAME | | | 62 NAME | l | | | |
| STREET ADDRESS | | | 63 STREET | ADDRESS | | | |
| CiTY-ST-Z-P | and the street later and the street | All All Colleges and the second | 64 CITY-5 | | | | |
| certily that oath; that | t the information indicated on this ann | iual report or supplemental ann oration or the receiver or truste on an attachment with an addi | nual report is tri e empowered | ie and acc to execute | fy for the exemption stated in Section 119.07(3) urate and that my signature shall have the same this report as required by Chapter 617, Florida | e legal effect as if Statutes; and tha | f made under at my name |

SIGNATURE: _

Phil Lersch

Jan. 16, 1996 (813) 544-2911