2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12507

FILED Apr 27, 2006 Secretary of State

Entity Name: FIFTH AVENUE BAPTIST CHURCH OF ST. PETERSBURG, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	AVE. NORTH RSBURG, FL 33710	US			
Current Mailing Address:			New Mailing Address:		
	STREET NORTH				
SUITE A ST. PETEI	RSBURG, FL 33710	US			
FEI Number	: 59-0637832 FEI N	umber Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current	Registered Agent:	Name and Addre	ss of New Registered Agent:	
2019 UTO 310	, RICHARD S PIAN DRIVE WEST AER, FL 33763 US				
	e named entity submits e of Florida.	s this statement for the	purpose of changing its regis	tered office or registered agent, or both,	
SIGNATUI					
	Electronic Sign	ature of Registered Ag	ent	Date	
OFFICER	S AND DIRECTORS:		ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTOR	
Title: Name: Address:	TR () Delete GUNTER, EDWARD 3480 16TH AVE N		Title: Name: Address:	() Change () Addition	
	ST PETERSBURG, FL	33713 US	City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:				()Change ()Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	ST PETERSBURG, FL TR () Delete HERREMA, CALVIN 2000 74TH AVENUE N	33702 US	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address:	ST PETERSBURG, FL TR () Delete HERREMA, CALVIN 2000 74TH AVENUE N ST. PETERSBURG, FL TR () Delete STEVENS, EVERETT L 3833 24TH AVENUE N	33702 US 33713 US APT 1505	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	TR () Delete HERREMA, CALVIN 2000 74TH AVENUE N ST. PETERSBURG, FL TR () Delete STEVENS, EVERETT L 3833 24TH AVENUE N ST PETERSBURG, FL TR () Delete JARED, JOAN 7050 SUNSET DRIVE S	33702 US 33713 US APT 1505 707 US	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD S. PLACZEK TR 04/27/2006