


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22645</b>	
1. Entity Name QUEEN STREET CHURCH OF GOD IN CHRIST, INC.	

Principal Place of Business 1732 9TH AVENUE SOUTH ST PETERSBURG, FL 33712 US	Mailing Address P O BOX 10016 ST PETERSBURG, FL 33733 US
--	--

DO NOT WRITE IN THIS SPACE



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COHEN, GENEVA 2500 62ND AVENUE SOUTH ST PETERSBURG, FL 33712
---

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000833065 02/27/08-80084-016 70.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONAGE, ANTHONY P 4051 4TH AVE SO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM COHEN, GENEVA 2500 62ND AVENUE SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, MELVINA 3517 39TH LANE SOUTH, APT #41C SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRYANT, ROBERT 3625 BEACH DRIVE SE SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, THOMAS 2030 ALMERIA WAY SO SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Geneva Cohen, Chairperson Finance &amp; TEE</u>	Date: <u>2/14/08</u>	Daytime Phone #: <u>727-867-0377</u>
---	----------------------	--------------------------------------