

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32169** (7)
1. Corporation Name
CHURCH OF GOD OF SAINT PETERSBURG, INCORPORATED



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
820 82ND AVE S A-10 ST. PETERSBURG FL 33705 US		820 82ND AVE S A-10 ST. PETERSBURG FL 33705 US		05/08/1989	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		65-0121089 Applied For Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<input type="checkbox"/> Yes <input type="checkbox"/> No		SILL, LAUREN A. 572 SECOND AVENUE SOUTH 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, EULA M	1.2 NAME	Gary Gray
STREET ADDRESS	9208 82ND AVE SO. A10	1.3 STREET ADDRESS	852 50th Ave So
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIBLACK, MORRIS J	2.2 NAME	Niblack, Morris
STREET ADDRESS	1733 GROVE ST S (Address change)	2.3 STREET ADDRESS	1317 14th Ave So.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, CHRISTOPHER	3.2 NAME	Marvin C. Gibbs
STREET ADDRESS	1316 MELROSE AVENUE, SOUTH	3.3 STREET ADDRESS	2239 Hartford St. So.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBS, SHARON	4.2 NAME	Veronica Martin
STREET ADDRESS	2239 HARTFORD ST. S.	4.3 STREET ADDRESS	711 1/2 18th Ave So
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Gibbs *Sharon W. Gibbs* 4/26/98 572-7723

CR2E037 (10/97)