

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90004 048 ****61.25

DOCUMENT # N32169

1. Corporation Name

CHURCH OF GOD OF SAINT PETERSBURG, INCORPORATED

Principal Place of Business

Mailing Address

920 62ND AVE S
A-10
ST. PETERSBURG FL 33705
US

920 62ND AVE S
A-10
ST. PETERSBURG FL 33705
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/08/1989

4. FEI Number

65-0121089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SILL, LAUREN A.
572 SECOND AVENUE SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
GRAY, GARY
STREET ADDRESS 852 50TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE

NAME T
NIBLACK, MORRIS J
STREET ADDRESS 1317 14TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE

NAME D
CHAMBERS, CHRISTOPHER
STREET ADDRESS 1316 MELROSE AVENUE, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME S
GIBBS, SHARON
STREET ADDRESS 2239 HARTFORD STREET SOUTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME D
GIBBS, MARVIN C
STREET ADDRESS 2239 HARTFORD STREET SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☐ DELETE

NAME D
MARTIN, VERONICA
STREET ADDRESS 711 1/2 18TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33705

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Sharone D. Gibbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharone D. Gibbs

Date

8/25/99

Daytime Phone #

672-7723 x255

CR2E037 (5/99)