## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39679

FILED Apr 29, 2007 Secretary of State

Entity Name: CHRIST COMMUNITY PRESBYTERIAN CHURCH OF PINELLAS, INC.

Current Principal Place of Business: New Principal Place of Business:

2310 NURSERY RD

CLEARWATER, FL 33764 US

Current Mailing Address: New Mailing Address:

2310 NURSERY RD

CLEARWATER, FL 33764 US

FEI Number: 59-3026659 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARTER, ROBERT D 2310 NURSERY RD

CLEARWATER, FL 33764 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition
Name: WILLIAMS, JOHN Name: COLLINS, LORI
Address: 1123 STEPHEN FOSTER DR

Address: 1133 STEPHEN FOSTER DR Address: 13796 TERN LANE
City-St-Zip: LARGO, FL 33771 City-St-Zip: CLEARWATER, FL 33764

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition

 Name:
 HARCOURT, CAMERON
 Name:
 RICHERT, RICHARD

 Address:
 922 PINELLAS ST
 Address:
 1016 VINEYARD CT

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:
 DUNEDIN, FL 34698

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 COLLINS, LORI
 Name:
 BERLAGE, PAUL

 Address:
 13796 TERN LANE
 Address:
 1243 INVERNESS DR

 City-St-Zip:
 CLEARWATER, FL 33762
 City-St-Zip:
 DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT D CARTER RA 04/29/2007