

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N42467

1. Entity Name
**CHRIST GOSPEL CHURCH OF PINELLAS PARK,
FLORIDA INC.**



Principal Place of Business
**9661 60TH STREET NORTH
PINELLAS PARK, FL 33782**

Mailing Address
**9661 60TH STREET NORTH
PINELLAS PARK, FL 33782**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2543644

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, ROBERT L. REV.
9661 60TH STREET NORTH
PINELLAS PARK, FL 33782**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME DAVIS, WILLIE
STREET ADDRESS 2108 1ST AVE N
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D
NAME NETTLES, VIVIAN H
STREET ADDRESS 2233 17TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE C
NAME JONES, ROBERT L. REV.
STREET ADDRESS 9661 60TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D
NAME JONES, GLORIA J.
STREET ADDRESS 9661 60TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D
NAME DANIELS, EVELYN S
STREET ADDRESS 2501 22ND AVE S
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000581468
01/10/07-80090-004 70.00

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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:

Robert L. Jones **Robert L. Jones** 1-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #