

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 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**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000783830
01/23/08-80009-015 70.00

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	9651 60TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782

TITLE	D
NAME	JONES, GLORIA J.
STREET ADDRESS	9651 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	

**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:

Rev Robert L Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev Robert L Jones

Date

Daytime Phone #

1-08-08 7275151824