

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90064 005 ****70.00

DOCUMENT # N49096

1. Entity Name
GLAD TIDINGS ASSEMBLY OF GOD OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business Mailing Address
 4200 - 17TH AVENUE NORTH 4200 - 17TH AVENUE NORTH
 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-1804496 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
HELMS, RANDY
9641 105 AVE N
LARGO FL 33773

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HELMS, RANDY	
STREET ADDRESS	9641 105 AVE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DORTCH, SEBASTIAN	
STREET ADDRESS	136 8TH AVE. NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, TIM	
STREET ADDRESS	13200 WILD ACRES RD.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33773	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JONES, BILL	
STREET ADDRESS	4275 20TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN BERRIOS, ROMAN	
STREET ADDRESS	1219 14th St. N	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, CARL	
STREET ADDRESS	2375 52nd St. N	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 files empowered.

SIGNATURE: 

2/9/06 (727)323-5017