

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 039 ****70.00

DOCUMENT # N49096

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



Principal Place of Business
**4200 - 17TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

Mailing Address
**4200 - 17TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

40010000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1804496

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELMS, RANDY
9641 105 AVE N
LARGO, FL 33773**

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **HELMS, RANDY**
STREET ADDRESS **9641 105 AVE N**
CITY-ST-ZIP **LARGO, FL 33773**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BERRIOS, ROMAN**
STREET ADDRESS **1219 14TH ST NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WISE, CARL**
STREET ADDRESS **2375 52ND ST NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **JONES, BILL**
STREET ADDRESS **4275 20TH AVENUE N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Lee Honaker**
STREET ADDRESS **1941 Iowa Ave. NE**
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Walter Eustis**
STREET ADDRESS **7822 Sundown DR. N**
CITY-ST-ZIP **St. Petersburg, FL 33709**

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:

Randy Helms
RANDY HELMS

4/2/08

Date

Daytime Phone #