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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000002754 (0)		
1. Corporation Name FIRST CHURCH OF THE BRETHREN OF ST. PETERSBURG, FLORIDA, INC.		

Principal Place of Business 3651 71ST STREET NORTH ST. PETERSBURG FL 33710	Mailing Address 3651 71ST STREET NORTH ST. PETERSBURG FL 33710
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/14/1993	
4. FEI Number 59-6598512	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAHDERT, GEORGE K 535 CENTRAL AVENUE ST. PETERSBURG FL 33701
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC SCHULER, LUCINDA 13837 76TH AVE. N. SEMINOLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VBC DELACQUESEAU, PENNY 4512 35TH TERR. N. ST PE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC WAECHTER, PHILLIP 505 JOHNS PASS AVE. MADEIRA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/M BUCKSHORN, DOROTHY 6514 -6TH AVE. N ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CC RICHARDS, PEG 6580 SEMINOLE BLVD. #112 SEMINOLE FL 34642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LERSCH, PHIL 6301-56TH AVE. N. ST. PETERSBURG FL 33709

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAME
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucinda Schuler 1/15/98 813-397-7383

CR2E037 (10/97)