


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90049 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002754

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/14/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6598512	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

RAHDERT, GEORGE K
535 CENTRAL AVENUE
ST. PETERSBURG FL 33701

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BC	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULER, LUCINDA		1.2 NAME		
STREET ADDRESS	13837 76TH AVE. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	33776	
TITLE	VBC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELACQUESEAU, PENNY		2.2 NAME	KING, CHRIS	
STREET ADDRESS	4512 35TH TERR. N.		2.3 STREET ADDRESS	11464 Oval Drive W	
CITY-ST-ZIP	ST PE		2.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE	SC	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAECHTER, PHILLIP		3.2 NAME		
STREET ADDRESS	505 JOHNS PASS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL		3.4 CITY-ST-ZIP	33708	
TITLE	D/M	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKSHORN, DOROTHY		4.2 NAME		
STREET ADDRESS	6514 -6TH AVE. N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710		4.4 CITY-ST-ZIP		
TITLE	D/CC	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, PEG		5.2 NAME		
STREET ADDRESS	6580 SEMINOLE BLVD. #112		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		5.4 CITY-ST-ZIP	33772	
TITLE	D/P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESCHE, PHIL		6.2 NAME		
STREET ADDRESS	6301-56TH AVE. N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		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, with all other like empowered.

SIGNATURE: Margaret A. Richards, Church Clerk 4-5-99 727-381-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET A. RICHARDS, CHURCH CLERK

Date

Daytime Phone #

CR2E037 (4/1/98)