2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003511

FILED May 08, 2009 Secretary of State

Littly Na	me: NORTH ST. PETERSBURG CONGREC		
Current P	rincipal Place of Business:	New Principal Place of Bu	usiness:
1695 42NI ST PETER	D AVE N RSBURG, FL 33714		
Current M	failing Address:	New Mailing Address:	
1695 42NI ST PETEF	D AVE N RSBURG, FL 33714		
FEI Number In accordan	FEI Number Applied For()		ertificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of Nev	w Registered Agent:
4820 19 S			
SIFLILE	RSBURG, FL 33714 US		
The above	e named entity submits this statement for the perfection of the perfection.	urpose of changing its registered offic	ce or registered agent, or both,
The above	e named entity submits this statement for the pe of Florida.	urpose of changing its registered offic	ce or registered agent, or both,
The above in the Stat	e named entity submits this statement for the pe of Florida.	, , , , , ,	ce or registered agent, or both,
The above in the Stat SIGNATU	e named entity submits this statement for the perfection of the pe	ent	
The above in the Stat SIGNATU	e named entity submits this statement for the perfection of Florida. RE: Electronic Signature of Registered Age	ent ADDITIONS/CHANGES TO	Date
The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity submits this statement for the pe of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: DP () Delete ANZALONE, DAVID A 4820 19 ST N	ADDITIONS/CHANGES TO Title: () Ch Name: Address: City-St-Zip:	Date Dopposite of the contraction of the contracti

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A ANZALONE DP 05/08/2009