

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006421 (9)**

1. Corporation Name

NATIONAL DAY OF PRAYER COMMITTEE OF PINELLAS, INC.

Principal Place of Business

Mailing Address

**11501 WALKER AVENUE NORTH
SEMINOLE FL 33772**

**11501 WALKER AVENUE NORTH
SEMINOLE FL 33772**



3. Date Incorporated or Qualified

12/16/1996

4. FEI Number **59-344 75 70**
APPLIED FOR

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, DAVID
11501 WALKER AVENUE NORTH
SEMINOLE FL 33772**

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 *David A. Miller*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVID	1.2 NAME	
STREET ADDRESS	11501 WALKER AVENUE NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33772	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALBERT, OLIVER R JR	2.2 NAME	
STREET ADDRESS	11501 WALKER AVENUE NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33772	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURG, BILLIE J	3.2 NAME	
STREET ADDRESS	11501 WALKER AVENUE NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33772	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, JAMES G	4.2 NAME	
STREET ADDRESS	11501 WALKER AVENUE NORTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33772	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULLY, WOODIE N	5.2 NAME	
STREET ADDRESS	11501 WALKER AVENUE NORTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33772	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, KARIN	6.2 NAME	
STREET ADDRESS	11501 WALKER AVENUE NORTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 33772	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: *David A. Miller*

CR2E037 (10/97)