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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # N96000006421

1. Corporation Name

NATIONAL DAY OF PRAYER COMMITTEE OF PINELLAS. IN  
C.

Principal Place of Business

11501 WALKER AVENUE NORTH  
SEMINOLE FL 33772

Mailing Address

11501 WALKER AVENUE NORTH  
SEMINOLE FL 33772



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

59-3447570

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MILLER, DAVID  
11501 WALKER AVENUE NORTH  
SEMINOLE FL 33772

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MILLER, DAVID  
STREET ADDRESS 11501 WALKER AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ DELETE

NAME TALBERT, OLIVER R JR  
STREET ADDRESS 11501 WALKER AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ DELETE

NAME BURG, BILLIE J  
STREET ADDRESS 11501 WALKER AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☒ DELETE

NAME YATES, JAMES G  
STREET ADDRESS 11501 WALKER AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☒ DELETE

NAME TULLY, WOODIE N  
STREET ADDRESS 11501 WALKER AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ DELETE

NAME WILLIAMS, KARIN  
STREET ADDRESS 11501 WALKER AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

David A. Miller April 27, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)