## 5-21-98 B7789 C FILE NOW: FILING FEE IS \$61.25

Mailing Address

6851 49TH AVE N

ST PETERSBURG FL 33709

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

ST PETERSBURG PL 33709

6851 49TH AVE N

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # N9700002450 (1)

CHURCH OF LIVING FLAMES, INC.

4. FEI Numbe Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired WEBSITE Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zip Country Zip Country B. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EVANS, JOHN Street Address (P.O. Box Number is Not Acceptable) 82 6851 49TH AVE N В3 ST PETERSBURG FL 33709 84 City 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition **EVANS, REV. JOHN** NALAC 1.2 NAME 6851 49TH AVE N STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33709 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE MCCARTER, S.L 2.2 NAME **3341 71TH STREET N** STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 33710 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE ☐ Change \_\_\_ Addition NAME EVANS, HAZEL 3.2 NAME 6851 49TH AVE N STREET ADORESS 3.3 STREET ADDRESS ST PETERSBURG FL 33709 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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:

forter.

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(813) 545-1362

**FILED** 

May 21 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified

05/01/1997