

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**MR**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 Sep 10 1998 8:00am  
 Secretary of State

**DOCUMENT # N97000002638 (1)**

1. Corporation Name  
**HANDS ACROSS THE BAY, YOUTH OUT-REACH MINISTRY IN C.**



Principal Place of Business Mailing Address  
~~1706 40TH STREET SOUTH~~ P.O. BOX ~~14006~~ **14565**  
~~ST. PETERSBURG FL 33707~~ ST. PETERSBURG FL 33733  
**1765 28th St So**  
**ST PETERSBURG FL 33712**

3. Date Incorporated or Qualified  
**05/07/1997**

4. FEI Number Applied For  
**59-3447647** Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21 1765 28th St So** **26 1765 28th St So**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

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

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

23 City & State **ST PETERSBURG** 27 City & State **ST PETERSBURG**

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

24 Zip **33712** 25 Country **FLORIDA** 29 Zip **33712** 30 Country **FLORIDA**

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  
**BAILEY, ELDER ARTHUR L SR.**  
~~1706 40TH STREET SOUTH~~  
~~ST. PETERSBURG FL 33707~~  
**1765 28th St So**  
**ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent  
**81 Name** **REV ARTHUR L BAILEY SR**  
**82 Street Address (P.O. Box Number Is Not Acceptable)**  
**83** **1765 28th St So**  
**84 City** **ST PETERSBURG** **85 Zip Code** **FL 33712**

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 **REV ARTHUR L BAILEY SR** **8/4/98**  
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	<b>CHIEF FINANCIAL OFFICER</b> <input type="checkbox"/> DELETE
NAME	<b>REV ARTHUR L BAILEY SR</b>
STREET ADDRESS	<b>1765 28th St So</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33712</b>
TITLE	<b>ASSISTANT FINANCIAL OFFICER</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERT WALTER</b>
STREET ADDRESS	<b>3800 GRAND AVE NO</b>
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE
NAME	<b>THE RESE NELSON</b>
STREET ADDRESS	<b>3450 13th Ave So</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>VIVIAN C BAILEY</b>
STREET ADDRESS	<b>1765 28th St So</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33712</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>BOARD OF DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SIS NOBLE LEMON</b>
1.3 STREET ADDRESS	<b>4501 17th Ave So</b>
1.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>
2.1 TITLE	<b>BOARD OF DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SIS DEBRA WOODARD</b>
2.3 STREET ADDRESS	<b>128 16th Ave So</b>
2.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33707</b>
3.1 TITLE	<b>BOARD OF DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SIS MARGO HANNA</b>
3.3 STREET ADDRESS	<b>240 BAY VISTA BLVD SO</b>
3.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33705</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Rev Arthur L Bailey** **REV ARTHUR L BAILEY SR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/11/98 Daytime Phone #

CR2E037 (5/98)