

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).

**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

**1765 28TH STREET SOUTH
ST. PETERSBURG FL 33707**

**P.O. BOX 14565
ST. PETERSBURG FL 33733**

2. Principal Place of Business

**21 1765 28TH ST SO
ST PETERSBURG FL 33712**

Suite, Apt. #, etc.

22

City & State

23 ST PETERSBURG

Zip

24 33712

Country

25 PINELLAS

2a. Mailing Address

26 1765 28TH ST SO

Suite, Apt. #, etc.

27

City & State

28 ST PETERSBURG

Zip

29 33712

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

BAILEY, ELDER ARTHUR L SR.

1765 28TH STREET SOUTH

ST. PETERSBURG FL 33707

**1765 28TH ST SO
ST PETERSBURG FL 33712**

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

59-3447647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing

☐

\$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

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/98

12. OFFICERS AND DIRECTORS

TITLE **CHIEF FINANCIAL OFFICER** ☐ DELETE
NAME **REV ARTHUR L BAILEY SR**
STREET ADDRESS **1765 28TH ST SO**
CITY-STATE-ZIP **ST PETERSBURG FL 33712**

TITLE **ASSISTANT CHIEF FINANCIAL OFFICER** ☐ DELETE
NAME **REV ARTHUR L BAILEY SR**
STREET ADDRESS **3800 62ND AVE NO**
CITY-STATE-ZIP **PINELLAS PARK FL 33781**

TITLE **SECRETARY** ☐ DELETE
NAME **THE RESE NELSON**
STREET ADDRESS **3450 13TH AVE SO**
CITY-STATE-ZIP **ST PETERSBURG FL 33711**

TITLE **TREASURER** ☐ DELETE
NAME **VIVIAN C BAILEY**
STREET ADDRESS **1765 28TH ST SO**
CITY-STATE-ZIP **ST PETERSBURG FL 33712**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **BOARD OF DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **SIS NOBLE LEMON**
1.3 STREET ADDRESS **4501 17TH AVE SO**
1.4 CITY-STATE-ZIP **ST PETERSBURG FL 33711**

2.1 TITLE **BOARD OF DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **SIS DEBRA WOODARD**
2.3 STREET ADDRESS **1728 16TH AVE SO**
2.4 CITY-STATE-ZIP **ST PETERSBURG FL 33707**

3.1 TITLE **BOARD OF DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **SIS MARION HAYNA**
3.3 STREET ADDRESS **240 BAY VISTA BLVD SO**
3.4 CITY-STATE-ZIP **ST PETERSBURG FL 33705**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)