


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003706		
1. Entity Name INTERNATIONAL BAPTIST CHURCH OF ST. PETERSBURG, INC.		
Principal Place of Business 2545 GOMAZ WAY SOUTH ST. PETERSBURG, FL 33712	Mailing Address PO BOX 530584 ST. PETERSBURG, FL 33747	



01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517795	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HINDS, VIVIAN REV.
2545 GOMAZ WAY SOUTH
ST. PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000139008
04/29/04-80105-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HINDS, VIVIAN REV 2545 GOMAZ WAY SOUTH ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD JOHNSON, DAVID 2090 62ND PLACE SOUTH ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BRITTON, VILMA 4236 53 AVE NORTH PINELLAS PARK, FL 33714
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRANT, NOEL 6035 7TH ST SOUTH ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D THOMPSON, TYRONE 635 61ST AVE SOUTH ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN HINDS

4/19/2004

727-867-8777

Date

Daytime Phone #