

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003706

FILED
Apr 29, 2005
Secretary of State

Entity Name: INTERNATIONAL BAPTIST CHURCH OF ST. PETERSBURG, INC.

Current Principal Place of Business:

2545 GOMAZ WAY SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

1947 49TH STREET SOUTH
ST. PETERSBURG, FL 33711

Current Mailing Address:

PO BOX 530584
ST. PETERSBURG, FL 33747

New Mailing Address:

FEI Number: 59-3517795 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HINDS, VIVIAN REV
Address: 2545 GOMAZ WAY SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: TD () Delete
Name: JOHNSON, DAVID
Address: 2090 62ND PLACE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: SD () Delete
Name: BRITTON, VILMA
Address: 4236 53 AVE NORTH
City-St-Zip: PINELLAS PARK, FL 33714

Title: D () Delete
Name: GRANT, NOEL
Address: 6035 7TH ST SOUTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: D () Delete
Name: THOMPSON, TYRONE
Address: 635 61ST AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN HINDS

REV

04/29/2005

Electronic Signature of Signing Officer or Director

Date