

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703613

1. Entity Name

PARK STREET BAPTIST CHURCH OF ST. PETERSBURG, IN

Principal Place of Business

3901 PARK STREET NORTH
ST PETERSBURG FL 33709

Mailing Address

3901 PARK STREET NORTH
ST PETERSBURG FL 33709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1414137

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, DENNIS W.
6990 14TH AVE N
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JENNINGS, DENNIS W.
STREET ADDRESS 6996 14TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33110 ☐ Delete

TITLE T
NAME MCCLINTOCK, SCOTT
STREET ADDRESS 475 41ST AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE T
NAME JEWETT, CHARLIE
STREET ADDRESS 1835 31ST AVE N
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE T
NAME DOREY, DICK
STREET ADDRESS 4325 94TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90163 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)