

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 044 ****70.00

DOCUMENT # **712497** ✓
1. Entity Name
NORTHEAST PRESBYTERIAN CHURCH, INC.

643649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4400 SHORE ACRES BLDG NE
Suite, Apt. #, etc.

3. Mailing Address
4400 SHORE ACRES BLDG NE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33703

Country
USA

Zip
33703

Country
USA

4. FEI Number
59-1196196

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MEECE, JOHN E.

Street Address (P.O. Box Number is Not Acceptable)
1348 51st AVE NE

City
ST PETERSBURG

FL

Zip Code
33703

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 _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	TD MEECE, JOHN E. 1348 51st AVE NE ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WELLS, HAROLD E. 1233 SWELL ISCE BLDG NE ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOGGS, SCOTT 1422 85th AVE N ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TORMAN, BARRY 2082 KANSAS AVE NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FISHOL, STEVE 4640 SHORT LEAF LANE NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John E. Meece** **JOHN E. MEECE** **4/19/02** **727-526-6083**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)