

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90158 009 ****61.25

DOCUMENT # 712825

1. Entity Name

BAYSHORE PRESBYTERIAN CHURCH (U.S.A.), INC.

Principal Place of Business

Mailing Address

2515 BAYSHORE BLVD
 TAMPA FL 33629

2515 BAYSHORE BLVD
 TAMPA FL 33629-7310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1631648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIEPER, NATHANIEL G.W.
804 BAYSIDE DR.
TAMPA FL 33609

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 Nathaniel G.W. Pieper

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLIS, VIRGINIA	
STREET ADDRESS	585 LUZON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENK, ALBERTS C	
STREET ADDRESS	10911 CARROLLWOOD DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSMA, DAVID	
STREET ADDRESS	3110 LAKE ELLEN DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIEPER, NATHANIEL	
STREET ADDRESS	2515 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, CATHI	
STREET ADDRESS	ONE BARBADOS AVE, 4A	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOLES, GENE	
STREET ADDRESS	3013 HARBOR VIEW AVE	
CITY-ST-ZIP	TAMPA FL 33611	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN HERBERT	
STREET ADDRESS	120 Bosphorus Av.	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Virginia Ann Herbert Ellis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

Daytime Phone #

CR2E037 (9/99)