


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90029 020 ****61.25

DOCUMENT # 724820

1. Entity Name
FAITH CHURCH OF ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business Mailing Address
6646 FIRST AVE., S. **6646 FIRST AVE., S.**
ST. PETERSBURG FL 33707 **ST. PETERSBURG FL 33707**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2351134** Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KNIGHT, THURMAN
550 LAPLAZA AVENUE, SOUTH
SAINT PETERSBURG FL 33707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	KNIGHT, THURMAN	
STREET ADDRESS	550 LAPLAZA AVENUE, SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, PAUL	
STREET ADDRESS	5390 48 AVE, N	
CITY-ST-ZIP	ST PETE FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, LEROY	
STREET ADDRESS	5642 8 AVE N	
CITY-ST-ZIP	ST PETE FL 33710	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, RICHARD B	
STREET ADDRESS	5745-16 AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *Thurman Knight* **4/29/03** **(727) 381-4750**

CR2E037 (10/02)