

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90004 024 ****61.25

DOCUMENT # 731806

1. Entity Name

WESTMINSTER UNITED PRESBYTERIAN CHURCH, INC. OF ST. PETERSBURG

Principal Place of Business

Mailing Address

126 - 11TH AVE. N. E.
 ST. PETERSBURG FL 33701

126 - 11TH AVE. N. E.
 ST. PETERSBURG FL 33701

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

59-0662282

Applied For

Not Applicable

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

YOUNG, ED
860-29TH AVE N
ST. PETERSBURG FL 33704

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD YOUNG, EDWIN**
 STREET ADDRESS **860 29 AVE. NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE Change Addition
 NAME **SD DEAN, GEORGIA**
 STREET ADDRESS **165 12th AVE. N.E.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE Delete
 NAME **VD YOUNG, EDWIN**
 STREET ADDRESS **860 29 AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD QUINN, JULIA**
 STREET ADDRESS **138 10 AVENUE NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ATD LIPSETT, AGNES**
 STREET ADDRESS **4920 LOCUST STREET NE #214**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD DRUYOR, ERANK**
 STREET ADDRESS **131 S.E. LINCOLN CIRCLE N.**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD LEWIS, CHARLOTTE**
 STREET ADDRESS **4094 POPLAR STREET NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE Change 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

Daytime Phone #

CR2E037 (9/01)