

FILED

Jul 16, 2002 8:00 am  
Secretary of State

06-13-2002 90386 013 \*\*\*\*70.00

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

DOCUMENT # 132500  
1. Entity Name The Church of the Jewish Del. W. W. A. C.  
Corporation (732500)

**DO NOT WRITE IN THIS SPACE**

90921

2. Principal Place of Business 2643-5th Ave. SO.  
Suite, Apt. #, etc.  
3. Mailing Address 2643-5th Ave. SO.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL. City & State St. Petersburg, FL. 4. FEI Number 59-2949866  Applied For  
 Not Applicable  
Zip 33712 Country Pinellas Co. Zip 33712 Country Pinellas Co. 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 Samuel Butler Sr.  
Street Address (P.O. Box Number is Not Acceptable) 4442-3rd Ave. SO.  
City St. Petersburg FL Zip Code 33712

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 Samuel Butler Sr. Samuel Butler Sr.  
Lorraine White VPT Lorraine White 6-3-02  
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  
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 <u>PT</u> NAME <u>Butler, Samuel Jr.</u> STREET ADDRESS <u>11 West Logan Ave.</u> CITY-ST-ZIP <u>Saint Paul, Minn. 55118</u>	TITLE <u>P</u> NAME <u>Samuel Butler Sr.</u> STREET ADDRESS <u>4442-3rd Ave. So.</u> CITY-ST-ZIP <u>St. Petersburg, Fla. 33712</u>
TITLE <u>VPT</u> NAME <u>White, Lorraine</u> STREET ADDRESS <u>4442-3rd Ave. So.</u> CITY-ST-ZIP <u>St. Petersburg, Fla. 33712</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>DM</u> NAME <u>Doris Wesley</u> STREET ADDRESS <u>P.O. Box 728</u> CITY-ST-ZIP <u>Pedee, Fla.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>P</u> NAME <u>Coger, Olo J. Rev.</u> STREET ADDRESS <u>615 75th St. East</u> CITY-ST-ZIP <u>Palm Bay, Fla. 32909</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>ST</u> NAME <u>Patterson, Nadine</u> STREET ADDRESS <u>1234 2nd Street South</u> CITY-ST-ZIP <u>St. Petersburg, Fla. 33712</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>AD</u> NAME <u>McCray, Deborah</u> STREET ADDRESS <u>1954 Byron Dr.</u> CITY-ST-ZIP <u>Clearwater, Fla.</u>	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 provided in 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 has legal effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 10 or on an attachment with this report.  
SIGNATURE Samuel Butler Sr. Samuel Butler Sr.  
321-2613  
3-02  
Daytime Phone #

CR2E037B (12/01)