

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751615

1. Entity Name

PINELLAS PARK CHURCH OF CHRIST, INC.

Principal Place of Business

6045 PARK BOULEVARD
PINELLAS PARK FL 33781-3229
US

Mailing Address

6045 PARK BOULEVARD
PINELLAS PARK FL 33781-3229
US

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

59-1874692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DITORO, PAUL J
7841 42ND STREET N.
PINELLAS PARK FL 33781-2519

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 PD
NAME DITORO, PAUL J
STREET ADDRESS 7841 42ND STREET N.
CITY-ST-ZIP PINELLAS PARK FL 33781-2519 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MAYS, WILLIAM D
STREET ADDRESS 2025 ROUNTREE CT.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DUNCAN, GLENN
STREET ADDRESS 4403 80TH ST., NORTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME MARTIN, PHILLIP
STREET ADDRESS 6443 41ST AVE, N
CITY-ST-ZIP ST PETERSBURG FL 33709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Phillip B. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/01 (727) 539-2291

CR2E037 (10/00)

0065048

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90043 012 ****61.25



DO NOT WRITE IN THIS SPACE