

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769949

1. Entity Name

HOPE PRESBYTERIAN CHURCH OF CLEARWATER, FLORIDA,

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90050 015 ****61.25

Principal Place of Business

Mailing Address

% 1698 S BELCHER RD
 CLEARWATER FL 34624

% 1698 S BELCHER RD
 CLEARWATER FL 34624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2171987

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEMBROSKI, PETER
 1698 S. BELCHER ROAD
 CLEARWATER FL 34624

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 P
 STREET ADDRESS REGULSKI, LEE
 CITY-ST-ZIP 1045 CHINABERRY RD
 CLEARWATER FL 34683

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VP
 STREET ADDRESS STEVENS, BOB
 CITY-ST-ZIP 7374 NORWICH LN
 CLEARWATER FL 33765

TITLE Change Addition
 NAME UP
 STREET ADDRESS STACY CURLEY
 CITY-ST-ZIP 5550 20TH AV. NO
 ST. PETERSBURG, FL 33710

TITLE Delete
 NAME T
 STREET ADDRESS WEATHERWAX, DONNA
 CITY-ST-ZIP 1012 IRENE AV
 LARGO FL 34695

TITLE Change Addition
 NAME T
 STREET ADDRESS MOE OGGOOD
 CITY-ST-ZIP 1376 FAIRBANKS DR
 CLEARWATER FL 33764

TITLE Delete
 NAME S
 STREET ADDRESS ROACH, SALLY
 CITY-ST-ZIP 2433 GLEANN DR
 CLEARWATER FL 33774

TITLE Change Addition
 NAME S
 STREET ADDRESS MARSHA CLARK
 CITY-ST-ZIP 2321 HARN BLVD
 CLEARWATER FL 33764

TITLE Delete
 NAME T
 STREET ADDRESS PRIEST, RON
 CITY-ST-ZIP 8046 BAYHAVEN DR
 SEMINOLE FL 34885

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T
 STREET ADDRESS MILLER, MICHAEL
 CITY-ST-ZIP 821 WOODCREST AV
 CLEARWATER FL 34624

TITLE Change Addition
 NAME T
 STREET ADDRESS JULIE CHURCH
 CITY-ST-ZIP 1385 HIGHFIELD DR
 CLEARWATER, FL 33764

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:

Peter Regulski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

727-531-4259

Date

Daytime Phone #