

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-12-2001 90213 027 ****61.25

DOCUMENT # 769949

1. Entity Name

HOPE PRESBYTERIAN CHURCH OF CLEARWATER, FLORIDA,

Principal Place of Business

Mailing Address

% 1698 S BELCHER RD.
 CLEARWATER FL 34624

% 1698 S BELCHER RD
 CLEARWATER FL 34624

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip **33764**

Country

Zip **33764**

Country

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 NAME	P REGULSKI, LEE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1045 CHINABERRY RD	
CITY-ST-ZIP	CLEARWATER FL 34683	
TITLE NAME	VP STEVENS, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5550 20TH AVE NO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE NAME	T DEGOOD, MOE	<input type="checkbox"/> Delete
STREET ADDRESS	1376 FAIRBANKS DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	S CLARK, MARSHA	<input type="checkbox"/> Delete
STREET ADDRESS	2321 HARN BLVD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	T PRIEST, RON	<input type="checkbox"/> Delete
STREET ADDRESS	8046 BAYHAVEN DR	
CITY-ST-ZIP	SEMINOLE FL 34685	
TITLE NAME	T CHURCH, JULIE	<input type="checkbox"/> Delete
STREET ADDRESS	2321 HIGHFIELD DR	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE NAME	P ART LUKENS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2245 N. GLENMOOR RD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME	VP STACY CURLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2165 CAMPUS DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE