

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91153 020 \*\*\*\*61.25

**DOCUMENT # 769949**

1. Entity Name

**HOPE PRESBYTERIAN CHURCH OF CLEARWATER, FLORIDA, INC.**

Principal Place of Business

Mailing Address

% 1698 S BELCHER RD  
 CLEARWATER FL 33764

% 1698 S BELCHER RD  
 CLEARWATER FL 33764

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



DO NOT WRITE IN THIS SPACE

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LUKENS, ART</b>	
STREET ADDRESS	<b>2245 NORTH GLENMOOR ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CURLEY, STACY</b>	
STREET ADDRESS	<b>2165 CAMPUS DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEGOOD, MOE</b>	
STREET ADDRESS	<b>1376 FAIRBANKS DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARK, MARSHA</b>	
STREET ADDRESS	<b>2321 HARN BLVD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRIEST, RON</b>	
STREET ADDRESS	<b>8046 BAYHAVEN DR</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34685</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHURCH, JULIE</b>	
STREET ADDRESS	<b>2321 HIGHFIELD DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MULDER, JOHN</b>	
STREET ADDRESS	<b>1741 Glenada Avenue</b>	
CITY-ST-ZIP	<b>Clearwater, Fla. 33764</b>	
TITLE	<b>Rob Stevens</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1374 Timbercrest Circle West</b>	
STREET ADDRESS	<b>Clearwater, Fla. 33763</b>	
CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wyatt, Wayne</b>	
STREET ADDRESS	<b>1872 Del Robles Terrace</b>	
CITY-ST-ZIP	<b>Clearwater, Fla. 33764</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Todd Blais</b>	
STREET ADDRESS	<b>1058 Franklin Way</b>	
CITY-ST-ZIP	<b>Luna, Fla. 34688</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frances Stuart</b>	
STREET ADDRESS	<b>2560 Harn Blvd. Apt. 5</b>	
CITY-ST-ZIP	<b>Clearwater, Fla. 33764</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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**

*Wayne Wyatt* **Wayne Wyatt Secretary** **04/16/02** **(727) 538-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)