2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90138 001 ****61.25

DOCUMENT # N11351

1. Entity Name

COMMUNITY PRESBYTERIAN CHURCH OF TAMPA BAY, INCO

Principal Place of Business	Mailing Address
135 5TH AVE SO SAFETY HARBOR FL 34695	135 5TH AVE SO SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

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 59-2593091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SVENSON, GREGORY
135 5TH AVE SO
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name Jerome FOX
Street Address (P.O. Box Number is Not Acceptable)
135 5th Ave So
City Safety Harbor FL Zip Code 34695

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 Jerome Fox TREASURER 1/14/2001
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 / STREET ADDRESS / CITY-ST-ZIP	D LEHMAN, RICHARD 1360 TERRACE RD CLEARWATER FL 34615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOX, Jerome 12219 Stepping stone Blvd Tampa, FL 33625	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, DONALD 2741 SOUTH DRIVE #C CLEARWATER FL 34619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALDEMAN, KIM 2035 Sheffield Court Oldsmar, FL 34677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPWOOD, JOHN 3010 CARA COURT PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAYMAN, DOUGLAS 3863 WILDWOOD CT. PALM HABOR FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SVENSON, GREGORY 2340 ELLA PLACE CLEARWATER FL 33765	☒ 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

CR2E037 (10/00)

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: Donald T. Alexander Donald T. Alexander 1/14/01 797-9474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #