

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90016 044 ****70.00

DOCUMENT # *N49081*
 1. Entity Name
29th St. Church of Christ, Inc.

Principal Place of Business
3310 N. 29th St.
Tampa, FL 33610.

Mailing Address
3310 N. 29th St
Tampa, FL 33610

00057356

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Stone, Melvin J.
3508 33rd Ave.
Tampa, FL 33610

4. FEI Number
59-3189777

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)

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

TITLE	<i>C</i>	<input type="checkbox"/> Delete
NAME	<i>Stone, Melvin J.</i>	
STREET ADDRESS	<i>3508 33rd Ave.</i>	
CITY-ST-ZIP	<i>Tampa, FL 33610</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>King, Perry</i>	
STREET ADDRESS	<i>1376 E. Cypress St.</i>	
CITY-ST-ZIP	<i>Tampa, FL 33606</i>	
TITLE	<i>T</i>	<input type="checkbox"/> Delete
NAME	<i>Tillman, Larry</i>	
STREET ADDRESS	<i>3212 E. Paris St.</i>	
CITY-ST-ZIP	<i>Tampa, FL 33610</i>	
TITLE	<i>S</i>	<input type="checkbox"/> Delete
NAME	<i>Gaines, George Jr.</i>	
STREET ADDRESS	<i>3214 E. Paris St.</i>	
CITY-ST-ZIP	<i>Tampa, FL 33610</i>	
TITLE	<i>S</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>Burns, Malcolm</i>	
STREET ADDRESS	<i>1726 Hartley Rd</i>	
CITY-ST-ZIP	<i>Tampa, FL 33619</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Mobley, Samuel</i>	
STREET ADDRESS	<i>4234 E. Cayuga</i>	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mobley, Samuel</i>	
STREET ADDRESS	<i>4234 E. Cayuga St.</i>	
CITY-ST-ZIP	<i>Tampa, FL 33610</i>	

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: *Larry Tillman* **5/31/01** **(813) 232-6201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)