## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # N49830** 1. Entity Name CHILDS PARK UNITED METHODIST CHURCH, INC. 04-28-2001 90027 021 \*\*\*\*70.00 Principal Place of Business Mailing Address 3940-18TH AVENUE SOUTH 3940-18TH AVENUE SOUTH ST. PETERSBURG FL ST. PETERSBURG FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0714829 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEATT Street Address (P.O. Box Number is Not Acceptable) SWEATT, PAUL 3940 18TH AVENUE SOUTH ST. PETERSBURG FL 33711 <u> 337/</u>/ 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 Paul W Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE Change SWEATT, PAUL NAME NAME STREET ADDRESS 3750-29TH AVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL SD Addition TITLE □ Delete TITLE ☐ Change POWER, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 2676-E. GRANADA CIR S. CITY\_ST-ZIP ST. PETERSBURG FL-CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition BROWN, WEYMAN T. NAME NAME STREET ADDRESS STREET ADDRESS 331 46TH STREET SO. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL TITLE Delete TITLE ☐ Change ☐ Addition RATLAFF, DONNA NAME NAME STREET ADDRESS 3837 35TH WAY SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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(727) 327-1497