

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001661

1. Entity Name

THE CHURCHES OF GOD-TAMPA BAY, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90004 036 ****61.25

Principal Place of Business

6760 35TH ST. N.
PINELLAS PARK FL 33781-6224
US

Mailing Address

6760 35TH ST. N.
PINELLAS PARK FL 33781-6224
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, ELAINE
6760 35TH ST. N.
PINELLAS PARK FL 33781

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	TD	<input type="checkbox"/> Delete
NAME	SIEBERN, MARLENE	
STREET ADDRESS	9938 39TH WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782-4008	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANTONIELLO, FRANK	
STREET ADDRESS	601 DORA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765-2718	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, ALEXANDER	
STREET ADDRESS	5013 TAMMY LANE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILLIPS, ELAINE	
STREET ADDRESS	6760 35TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781-6224	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LACHER, HARRY	
STREET ADDRESS	10233 SHADY DRIVE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIELLO, FRANK	
STREET ADDRESS	601 DORA DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33765-2718	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANKIEWICZ, ANTHONY	
STREET ADDRESS	15478 BROOKRIDGE BLVD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAW, FRANK	
STREET ADDRESS	5801 WESTLAKE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

3/6/00

(727) 520-9333

Date

Daytime Phone #

CR2E037 (9/99)