

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90039 048 \*\*\*\*\*61.25

**DOCUMENT # N96000001661**

1. Entity Name

**THE CHURCHES OF GOD-TAMPA BAY, INC.**

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** ☐ Delete  
NAME **SIEBERN, MARLENE**  
STREET ADDRESS **9938 39TH WAY NORTH**  
CITY-ST-ZIP **PINELLAS PARK FL 33782-4008**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ANTONIELLO, FRANK**  
STREET ADDRESS **601 DORA DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33765-2718**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **STANKIEWICZ, ANTHONY**  
STREET ADDRESS **15478 BROOKRIDGE BLVD**  
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **STANKIEWICZ, ANTHONY**  
CITY-ST-ZIP **15478 BROOKRIDGE BLVD.  
BROOKSVILLE, FL 34613**

TITLE **SD** ☐ Delete  
NAME **PHILLIPS, ELAINE**  
STREET ADDRESS **6760 35TH STREET NORTH**  
CITY-ST-ZIP **PINELLAS PARK FL 33781-6224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **LAW, FRANK**  
STREET ADDRESS **5801 WESTLAKE DRIVE**  
CITY-ST-ZIP **HUDSON FL 34669**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SHADDUCK, JOHN E**  
STREET ADDRESS **3535 PLAZA AVENUE**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **SHADDUCK, JOHN E**  
CITY-ST-ZIP **3535 PLAZA AVENUE  
SPRING HILL, FL 34608**

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**

2/6/02 (727) 528-8022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)