

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004463

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90197 046 ****61.25

1. Entity Name

ST. MICHAEL'S AMERICAN CATHOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

7813 N NEBRASKA AVE
 TAMPA FL 33604

7813 N NEBRASKA AVE
 TAMPA FL 33604-4240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1706714

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

3401 W Marlin Ave #5

5

Tampa, FL

33611

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGH, CHARLES M
 7813 N NEBRASKA AVE
 TAMPA FL 33604

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	DPST	<input checked="" type="checkbox"/> Delete
NAME	LEIGH, CHARLES	
STREET ADDRESS	7813 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRATTON, TRICIA	
STREET ADDRESS	500 W PARIS ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERSALL, MICHELLE	
STREET ADDRESS	7813 NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIP/SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James M Leigh	
STREET ADDRESS	3401 W Marlin Ave #5	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradly Roberts	
STREET ADDRESS	3401 W Marlin Ave	
CITY-ST-ZIP	Tampa, FL 33611	
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		

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: Charles M Leigh 4/20/00 (813) 839-4912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)