2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am | Secretary of State DOCUMENT # **N98000004577** 1. Entity Name 04-26-2002 90002 010 ****70.00 NEW COVENANT FELLOWSHIP OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address 5801 22ND AVE N. 🖟 3434 79TH WAY NORTH ひりせいエエ SAINT PETERSBURG FL 33710 ST. PETERSBURG FL 33710 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 59-3539960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH. ARTHUR-J-3434-79TH WAY NORTH ST. PETERSBURG FL 33710 City Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State TOTAL SELEKTRIKES IN CLAIM OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE WIPPD Delete TITLE ☐ Change Addition NAME SMITH, ARTHUR J NAME STREET ADDRESS 3434 -79TH WAY N. STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIP TITLE : Delete TITLE Change ☐ Addition DAVIS, GLENN REV. NAME NAME 344 FOUNTAINVIEW CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IP OLDSMAR FL 34677 CITY-ST-ZIP TITLE BD ☐ Delete ☐ Change ☐ Addition SNELTEN, JIM NAME NAME STREET ADDRESS 1012 BARKWOOD CT STREET ADDRESS CITY ST-ZIP == 1 SAFETY HARBOR FL 34695 CITY - ST - ZIP -TITLE ☐ Defete TITLE Change ☐ Addition SMITH, MERIDETH E NAME NAME STREET ADDRESS 3434 -79TH WAY N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: SILTHULLY OF SYMMERED HRTHUR J. STITHY15-02 727-344-3804