

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002488

1. Entity Name

THE INTERNATIONAL SEAFARERS' MISSION OF TAMPA BA



FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90010 007 ****61.25

Principal Place of Business: ST. ANDREW'S EPISCOPAL CHURCH, 509 E. TWIGGS ST., TAMPA FL 33602
 Mailing Address: ST. ANDREW'S EPISCOPAL CHURCH, 509 E. TWIGGS ST., TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: ST. ANDREW'S EPISCOPAL CHURCH
 3. Mailing Address: 509 E. TWIGGS ST.

Suite, Apt. #, etc.

City & State: TAMPA, FLORIDA

4. FEI Number: 59-3580972
 Applied For: Not Applicable

Zip: 33602, Country: HILLSBOROUGH

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HENLEY, REV. EDWARD J JR
 ST. MARK'S EPISCOPAL CHURCH
 13335 CASEY RD.
 TAMPA FL 33624

7. Name and Address of New Registered Agent
 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: *Edward J. Henley, Jr.* DATE: 8/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25
 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	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	President Edward J. Henley, Jr. 404 Park Ridge Ave. Temple Terrace, FL 33617 <input type="checkbox"/> Delete
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY WILLIAM MCGOWAN, ESQ 828 S. ROME AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RUTH KINSOLVING, ESQ 5816 BAYSHORE BLVD. TAMPA, FL 33602 <input type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ROBERTO RUELO, ESQ 16409 ASHWOOD DR. TAMPA, FL 33624 <input type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DONALD SINK 5409 CRESCENT DR. TAMPA, FL 33611 <input type="checkbox"/> Delete
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RAYNALD BONOAN 18638 LIVINGSTON AVE. LUTZ, FL. 33549 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MEMBER STEPHEN ANKUDOWICH 197 CORSICA ST. TAMPA, FL 33606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Edward J. Henley, Jr.* DATE: 8/2/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 813-962-3089
 813-988-5479
Daytime Phone #

CR2E037 (5/00)