

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714777

1. Entity Name

SAINT PETERS CHURCH, INC.

Principal Place of Business

1416 SE 2ND TERR
DEERFIELD BCH FL 33441

Mailing Address

1416 SE 2ND TERR
DEERFIELD BCH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

BROWARD

Zip

Country

BROWARD

4. FEI Number

59-1215881

Applied For

Not Applicable

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

BALLOU, FRED L
2021 N.E. 31ST STREET
LIGHTHOUSE POINT FL 33064

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 PD
NAME SMITH, M. TRACY
STREET ADDRESS 7400 N. W. 18TH ST #105
CITY-ST-ZIP MARGATE FL 33063 ☒ Delete

TITLE PD
NAME CHITWOOD, KEITH
STREET ADDRESS 7200 N.W. 43 AVE.
CITY-ST-ZIP POMPANO BCH., FL 33073 ☒ Change ☐ Addition

TITLE VD
NAME BALLOU, FRED L
STREET ADDRESS 2021 N. E. 31ST ST
CITY-ST-ZIP LIGHTHOUSE PT. FL 33064 ☐ Delete

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

TITLE TD
NAME PIETRONICCO, PASQUALE
STREET ADDRESS 3952 COCOPLUM CIRCLE E.
CITY-ST-ZIP COCONUT CREEK FL 33063 ☒ Delete

TITLE TD
NAME BALLOU, DEBBIE
STREET ADDRESS 2006 N. E. 33 ST.
CITY-ST-ZIP LIGHTHOUSE PT. FL 33064 ☒ Change ☐ Addition

TITLE SD
NAME CASTEEL, DOROTHY W
STREET ADDRESS 1117 N. W. 30TH ST
CITY-ST-ZIP WILTON MANORS FL 33311 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90070 022 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)