

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 08:00 AM
Secretary of State

DOCUMENT # 702324

1. Entity Name
FIVE OAKS COMMUNITY CHURCH, INC.

Principal Place of Business 7685 66TH ST. N. PINELLAS PARK FLA 33781 US	Mailing Address 7685 66TH ST. N. PINELLAS PARK FLA 33781 US
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2. Principal Place of Business 7685 66TH ST. N.	3. Mailing Address 7685 66TH ST. N.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PINELLAS PARK FL	City & State PINELLAS PARK FL
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Zip 33781	Country US	Zip 33781	Country US
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4. FEI Number 59-2810799	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AUSTIN KENT JR.
7685 66TH STREET NORTH
PINELLAS PARK FL 34665 US

7. Name and Address of New Registered Agent
 Name
AUSTIN KENT JR.
 Street Address (P.O. Box Number is Not Acceptable)
7685 66TH STREET NORTH
 City
PINELLAS PARK FL Zip Code
33781

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 _____ DATE **04/26/2000**
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**

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 NAME STREET ADDRESS CITY-ST-ZIP	STT AUSTIN JOYCE A 11599 SHELLY CIRCLE SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GRIESI DOMINICK D 7502 18TH AVE, N ST PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP AUSTIN KENT F. JR. 11599 SHELLY CIRCLE SEMINOLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTT AUSTIN JOYCE A 11599 SHELLY CIRCLE SEMINOLE FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIESI DOMINICK D 7502 18TH AVE, N ST PETERSBURG FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP AUSTIN KENT F. JR. 11599 SHELLY CIRCLE SEMINOLE FL 33772 <input checked="" 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)(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.