

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90063 046 \*\*\*\*61.25

0013568

**DOCUMENT # 702623**

1. Entity Name

**PINE GROVE COMMUNITY CHURCH, INC.**



Principal Place of Business

**9200 49TH ST., N.  
PINELLAS PARK FL 33782-5231  
US**

Mailing Address

**9200 49TH ST., N.  
PINELLAS PARK FL 33782**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6580850**

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

**DEBOER, GEORGE  
10265 ULMERTON RD  
LOT 58  
LARGO FL 33771**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	DEBOER, GEORGE	
STREET ADDRESS	10265 ULMERTON RD, LOT 58	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VELLENGA, RUSSELL	
STREET ADDRESS	6751 15TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710-5407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VELLENGA, MARY J	
STREET ADDRESS	6751 15TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710-5407	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWERZYL, LAWRENCE	
STREET ADDRESS	9200 49TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
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"/> Change <input type="checkbox"/> Addition
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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: MARY J. VELLENGA** **9/1/03** **(727)343-0861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

CR2E037 (4/03)