

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703007

1. Entity Name

THIRD CHURCH OF CHRIST, SCIENTIST, ST. PETERSBURG

Principal Place of Business

6333 1ST STREET NE
ST PETERSBURG FL 33702
US

Mailing Address

6333 1ST STREET NE
ST PETERSBURG FL 33702-7601
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1006528

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODROW, KATHERINE
2238 GLENMOOR RD N
CLEARWATER FL 33764

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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLY, FRINK	
STREET ADDRESS	190-112 AVE NO #1122	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KAYE, EVELYN V.	
STREET ADDRESS	5222 4TH STREET NORTH, LOT 828	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODROW, KATHERINE	
STREET ADDRESS	2238 GLENMOOR RD N	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> Delete
NAME	RISTINE, ALICE	
STREET ADDRESS	4715 BAY ST N.E. #128	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	FRINK, CHRISTOPHER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	540 - 36th Ave. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL. ##8)	
TITLE	UNDERWOOD, MARGARET	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	430 BAY ST. N.E. #409	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CLERK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, EVELYN V.	
STREET ADDRESS	430 BAY STREET N.E. #212	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frink, Christopher	
STREET ADDRESS	540 36th Avenue N.	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Underwood, Margaret	
STREET ADDRESS	430 Bay St. N.E. #409	
CITY-ST-ZIP	St. Petersburg, FL 33701	

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: Katherine Woodrow 1-12-2000 813-282-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

02-16-2000 90003 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)