2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 703350 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** CENTRAL CHRISTIAN CHURCH OF ST. PETERSBURG, INC. 01-19-2000 90215 046 ****61.25 Principal Place of Business Mailing Address 4824 SECOND AVENUE SOUTH 4824 SECOND AVENUE SOUTH ST PETERSBURG FL 33711-1016 ST PETERSBURG FLA 33711-1016 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-08 189 13 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHAMBLIN, ERNEST 6357 3RD AVE SOUTH ST. PETERSBURG FL 33707 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61,25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME PONELEIT, JACK STREET ADDRESS STREET ADDRESS 4488 32ND TERR, N. CITY-ST-ZIP CITY-ST-ZIP <u>ST. PETERSBURG FL 33713</u> '[Change ___ Addition Delete TITLE TITLE NAME NAME COBBLE, JIM STREET ADDRESS STREET ADDRESS 2538 32 AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Addition Change ☐ Delete TITLE NAME NAME **CHUCK CARTER** STREET ADDRESS STREET ADDRESS 6132-7TH AVE. SO. CITY-ST-ZIP CITY-ST-ZIP <u>st. Petersburg fl</u> PRESIDENT of B William Shuex 5142-26 Maye-50 Change Change ☐ Addition TITLE PD Delete Delete JOHN CLARK NAME NAME STREET ADDRESS STREET ADDRESS 8920 118 WAY NO. CITY-ST-ZIP CITY-ST-ZIP SEMIOLE FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 🚉 . 🟋 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.