

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

00-753

DOCUMENT # 703528

1. Entity Name

ST JOHN PRESBYTERIAN CHURCH INC

05-03-2001 90932 007 ****61.25

545915



DO NOT WRITE IN THIS SPACE

Principal Place of Business DR. EARL J. SMITH REV. TODD BRUSHWOOD 4120 NORTH MACDILL AVENUE TAMPA FL 33607 US	Mailing Address DR. EARL J. SMITH REV. TODD BRUSHWOOD 4120 NORTH MACDILL AVENUE TAMPA FL 33607 US
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0855405		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PINERA, GLORIA 10928 ARBOR RIDGE DR TAMPA FL 33624				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 _____ DATE _____
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	FERNANDEZ, MARIA 4623 CLOVERLAWN DR TAMPA, FLORIDA 00000 <input checked="" type="checkbox"/> Delete	TITLE SD	Raymond Schick 6309 Eaglebrook Ave. Tampa, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP	ANTON, JULIO W (TRUSTEE) 2706 ABDELLA TAMPA, FLORIDA 00000 <input type="checkbox"/> Delete	TITLE DP	Guillermo Lopez 3301 Dewey St. Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	BONIS, OSCAR JR 510 COLUMBIA DR TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE TD	Manuel Beiro, Jr. 3008 Dewey St. Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	PAPY, JOSEPH 3309 W IVY STR TAMPA, FLORIDA 00000 <input checked="" type="checkbox"/> Delete	TITLE TD	Cecil Henriquez 9649 Wilsky Blvd., #3 Tampa, FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HENRIQUEZ, CECIL 9001 PALMERAS CT TAMPA FL <input type="checkbox"/> Delete	TITLE D	Manuel Beiro, Jr. 3008 Dewey St. Tampa, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HENRIQUEZ, CECIL 9001 PALMERAS CT TAMPA FL <input type="checkbox"/> Delete	TITLE D	Manuel Beiro, Jr. 3008 Dewey St. Tampa, FL 33607 <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.

SIGNATURE: *[Signature]* **4-25-01** **872-0331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)