## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 704056

1. Entity Name

## GARDEN CREST PRESBYTERIAN CHURCH (USA), INCORPOR

Principal Place of Business Mailing Address 5901 9TH AVENUE NORTH 5901 9TH AVENUE NORTH **AUDDOM'S** ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0939909 Not Applicable Zip Country Zìp Country \$8.75 Additional 5.\_Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 457H KIPP. DONALD C -2854 60TH STREET NORTH SAINT PETERSBURG FL-33710 *337/3* 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Addition TITLE TITLE Change GOMEZ, HENRY NAME NAME 50 45THSTN. 4934 HARRIS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-ZIP Delete Change Addition TITLE TITLE COLEMAN, BEN JR NAME NAME 9683 108TH AVE ----STREET ADDRESS STREET ADDRESS **LARGO FL 33773** CITY-ST-ZIP 337/0 CITY-ST-7IP Addition TITLE Delete TITLE ☐ Change BUDASH,: PHYLLIS . COLEMANUI NAME NAME 12366 CAPPLI CINCLEN TREASURE ISLAND, 33706 7229 PARKSIDE VILLAS DR STREET ADORESS STREET ADDRESS SAINT PETERSBURG FL 33709 CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE TITLE Change KIPP, DONALD C NAME NAME STREET ADDRESS 2854 -60TH ST N. STREET ADDRESS CITY-ST-ZIP **ST PETE FL 33710** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change HANSELL, RULTOFF NAME NAME STREET ADDRESS 6480 -30TH AVE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition SCHAER, CINDY NAME NAME STREET ADDRESS 1349 CANTERBURY ROAD N 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

SIGNATURE:

SAINT PETERSBURG FL 33710

changed, or on an attachment with an address, with all other like empowered.

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GNULL TIAL GOME EFERHINAM

9/10/01 (727)-327-938

(2/01)

FILED

Sep 14, 2001 8:00 am Secretary of State

09-14-2001 90034 020 \*\*\*\*61.25