

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90300 008 ****61.25

DOCUMENT # 704056

1. Entity Name

GARDEN CREST PRESBYTERIAN CHURCH (USA), INCORPORATED IN ST. PETE., FL



Principal Place of Business

**5901 9TH AVENUE NORTH
ST. PETERSBURG FL 33710**

Mailing Address

**5901 9TH AVENUE NORTH
ST. PETERSBURG FL 33710**

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 **59-0939909**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, A L
2050 45TH ST N
SAINT PETERSBURG FL 33713**

Name

E. Kent Rawson

Street Address (P.O. Box Number is Not Acceptable)

424 Park Street, North

City

St. Petersburg

FL

Zip Code

33710

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 **E. KENT Rawson, Chair. Bd. of Trustees**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/03

→ **FILE NOW: FEE IS \$61.25** ←

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 **T** ☐ Delete
NAME **GOMEZ, A L**
STREET ADDRESS **2050 45TH ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Robert Budd**
STREET ADDRESS **10209 2nd Street East**
CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE **T** ☐ Delete
NAME **GREENE, MARY**
STREET ADDRESS **8010 PARKDAVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **John Bratanov**
STREET ADDRESS **5200 43rd Terrace North**
CITY-ST-ZIP **St. Petersburg, FL 33709**

TITLE **D** ☒ Delete
NAME **COLEMAN III, B**
STREET ADDRESS **12366 CAPRI CIRCLE N**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Steve Adams**
STREET ADDRESS **473 79th Street South**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE **T** ☐ Delete
NAME **RAWSON, KENT E**
STREET ADDRESS **424 PARK ST NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **Trustee** ☐ Change ☐ Addition
NAME **Jerónimo Alonso**
STREET ADDRESS **4972 15th Ave. North**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **T** ☒ Delete
NAME **HANSELL, RULTOFF**
STREET ADDRESS **6480 30TH AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SCHAEER, ROBERT**
STREET ADDRESS **1349 CANTERBURY ROAD N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ 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:

E. Kent Rawson

1/23/03 727-541-3531 X100

CR2E037 (10/02)