

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 704228**

1. Entity Name

CHILD EVANGELISM FELLOWSHIP OF UPPER PINELLAS AN

Principal Place of Business

**1100 CLEVELAND STREET
SUITE 1115
CLEARWATER FL 33755
US**

Mailing Address

**P O BOX 5323
P.O. BOX 5323
CLEARWATER FL 33758-323
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

59-1095111

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**IMSON, DONALD
1466 BYRAM DRIVE
CLEARWATER FL 33755**

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

Donald L. Imson, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/10/01***FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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

IMSON, DONALD ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**1466 BYRAM DR
CLEARWATER FL 33755****TD** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**GARRISON, JOSEPH
P.O. BOX 1221
DUNEDIN FL 34697****CD** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CALCATERRA, CAROLYN
2419 GOLF TO BAY #926
CLEARWATER FL 33756****CD** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**AUDRAIN, SUSAN
6809 STONES THROW CIRCLE #16205
ST PETERSBURG FL 33710****DVC** ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**FORT, JO
6080 80TH ST. N-311
ST. PETERSBURGH FL**☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

SD ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEBBIE YOUNG
2187 Blue Tern Drive
Palm Harbor FL 34683**☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP☐ 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:

Donald L. Imson, Treasurer *8/10/01* (727) 461-4067**FILED**
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90009 018 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)