

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90020 018 ****61.25

DOCUMENT # 705134

1. Entity Name

**WEDDEMER EVANGELICAL LUTHERAN CHURCH OF ST. PETE
 RSBURG, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**4355 CENTRAL AVENUE
 ST. PETERSBURG FL 33713**

**4355 CENTRAL AVENUE
 ST. PETERSBURG FL 33713**

837733

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

59-6018390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, DARLENE
 2100 21ST AVE N.
 ST. PETERSBURG FL 33713**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME STARK, DEBBIE
 STREET ADDRESS 6657- 11TH AVE N
 CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE PD ☒ Change ☐ Addition
 NAME TOTH, AL
 STREET ADDRESS 11482 48th AVE N
 CITY-ST-ZIP ST PETERSBURG FL 33708

TITLE TD ☐ Delete
 NAME HALL, DARLENE
 STREET ADDRESS 2100 -21ST AVE N
 CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE TD ☐ Change ☐ Addition
 NAME HALL, DARLENE
 STREET ADDRESS 2100 21st AVE N
 CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE SD ☐ Delete
 NAME SLAMON, LINDA
 STREET ADDRESS 3941 MOODY STREET
 CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE SD ☐ Change ☐ Addition
 NAME SALMON, LINDA
 STREET ADDRESS 3941 MOODY STREET
 CITY-ST-ZIP ST PETERSBURG FL 33706

TITLE VD ☒ Delete
 NAME TOTH, ALBERT
 STREET ADDRESS 11482 48TH AVE N.
 CITY-ST-ZIP SAINT PETERSBURG FL 33708

TITLE VD ☒ Change ☐ Addition
 NAME PERKINS, RHONDA
 STREET ADDRESS 5832 44th AVE N
 CITY-ST-ZIP ST PETERSBURG FL 33709

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Darlene Hall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

827-7027

Date

Daytime Phone #

CR2E037 (9/01)