

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707163

1. Entity Name

JOHN CALVIN PRESBYTERIAN CHURCH, OF TAMPA, FLORI

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90144 006 ****61.25

Principal Place of Business

Mailing Address

6501 NORTH NEBRASKA AVENUE
TAMPA FL 33604
US

6501 N. NEBRASKA AVE.
TAMPA FL 33604-5654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1031280

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

STEELE, HOLLY
7207 9ST N
TAMPA FL 33604

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	D	<input type="checkbox"/> Delete
NAME	COULL, GEORGE	
STREET ADDRESS	1009 E NORTH ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEELE, HOLLY V	
STREET ADDRESS	7207 9TH ST N.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHENEY, MARY	
STREET ADDRESS	704 E NORFOLK ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRETT, PAUL	
STREET ADDRESS	8402 PACKWOOD AVE N	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 813-238-6822

CR2E037 (9/99)