

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90353 016 ****61.25

0041603

DOCUMENT # 707623

1. Entity Name

RIO VISTA UNITED PRESBYTERIAN CHURCH U.S.A., INC

Principal Place of Business

Mailing Address

**600 83RD AVE NE
 ST PETERSBURG FL 33702**

**600 83RD AVE NE
 ST PETERSBURG FL 33702**

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

59-1895312

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

**CLARK, BOBBIE
 1224 78TH AVENUE NORTH
 SAINT PETERSBURG FL 33702**

Name **Muriel Covington**

Street Address (P.O. Box Number is Not Acceptable)
1191 77th Avenue North

St. Petersburg, FL 33702

City

FL

Zip Code
33702

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.

Muriel L. Covington

SIGNATURE **Muriel Covington, President**

3/31/02

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 ☐ Delete
 NAME **DT**
 STREET ADDRESS **VANDERKRASTS, FRANK**
 CITY-ST-ZIP **4220 POINSETTIA DRIVE
 SAINT PETERSBURG FL 33706**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BOHMS, VIRGIL**
 CITY-ST-ZIP **1011 GANDY BLVD N 100
 ST PETERSBURG FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COVINGTON, MURIEL**
 CITY-ST-ZIP **1191 77TH AVE N
 ST PETERSBURG FL**

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **CLARK, ROBBIE**
 CITY-ST-ZIP **1224 78TH AVENUE NORTH
 SAINT PETERSBURG FL 33702**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALFORD, TIM**
 CITY-ST-ZIP **3001 E VINA DEL MAR BLVD
 ST PETERSBURG FL**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ORAND, EARL**
 CITY-ST-ZIP **301 E VINA DEL MAR BLVD
 ST PETE BEACH FL**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Justison, Frank**
 CITY-ST-ZIP **6860 George Lynch
 St. Petersburg, FL 33702**

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: **Muriel Covington, President**

Muriel L. Covington

3/31/02

727/577-4067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)