

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 712825**

1. Entity Name

BAYSHORE PRESBYTERIAN CHURCH (U.S.A.), INC.

Principal Place of Business

Mailing Address

**2515 BAYSHORE BLVD
TAMPA FL 33629****2515 BAYSHORE BLVD
TAMPA FL 33629**

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

59-1631648

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

MEPER, NATHANIEL G.W.**804 BAYSIDE DR.****TAMPA FL 33609 - 33618**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ELLIS, VIRGINIA	585 LUZON AVE	TAMPA FL	DS	DAVID HANSMAN	3110 LAKE EILEEN DR	Tampa FL 33618
D	HENK, ALBERTS C	10911 CARROLLWOOD DR.	TAMPA FL 33618	D	MARY JORN	2519 PALM DR.	TAMPA FL 33629
SD	HERBERT, ANN	120 BOSPHORUS AVE	TAMPA FL 33606				

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: Virginia Simmons Ellis **REQUIRED** VIRGINIA SIMMONS ELLIS (813) 253-3771**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90237 010 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)