

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714748

1. Entity Name

ALBRIGHT UNITED METHODIST CHURCH OF ST. PETERSBU

Principal Place of Business

2750 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address

2750 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MILLSPAW, EVELYN
2716 15 AVENUE NORTH
ST. PETERSBURG FL 33713

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

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

TITLE PDS ☐ Delete
NAME MILLSPAW, EVELYN
STREET ADDRESS 2716 15TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T ☒ Delete
NAME WATSON, ISABEL
STREET ADDRESS 3592 28TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ Delete
NAME ALTSTAETTER, BONNIE
STREET ADDRESS 1000 49TH ST. N. APT 30 N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME DRICK, ROBERT
STREET ADDRESS 6231 30TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME WILLIAMS, PAULIE
STREET ADDRESS 913 31ST TERR NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE D ☐ Delete
NAME SAMS, EMMA
STREET ADDRESS 4117 QUEEN ST N
CITY-ST-ZIP ST PETERSBURG FL 33714

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME DEBORAH J. HEFFERN
STREET ADDRESS 532-HIGHLAND ST N.
CITY-ST-ZIP ST PETERSBURG FL. 33701

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

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

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

TITLE ☐ Change ☐ Addition
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: Evelyn Millspaw SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-2001 727-327-8920

Date

Daytime Phone #

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90028 030 ****61.25

00032171



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0760203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)