2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 716859 Mar 09, 2000 8:00 am 1. Entity Name **Secretary of State** ST. BARTHOLOMEW'S CHURCH 03-09-2000 90108 042 ****61.25 Principal Place of Business Mailing Address 3747 - 34TH STREET SOUTH 3747 - 34TH STREET SOUTH SAINT PETERSBURG FL 33711-3836 SAINT PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-075 1927 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PARSELL, HARRY I. (THE REV.) 2021 14TH STREET NORTH 3747 34TH STREET SOUTH (33711) Zip Code City FL ST PETERSBURG FL 33704 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 STATE OF THE SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition PCD TITLE ☐ Delete TITLE PARSELL, HARRY REV THE NAME STREET ADDRESS STREET ADDRESS 9525 BLIND PASS RD #703 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33706 ☐ Change Addition n Delete TITLE TITLE FRANCO, JOHN NAME NAME Knight, Jerry STREET ADDRESS STREET ADDRESS 742_79th Circle South 4101 40TH WAY SO CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33711 St. Petersburg, FL 33707 **X** Addition Change TITLE D TITLE Delete NAME WILLIAM, MORRIS Owens, Harry 2416 18th Street North NAME STREET ADDRESS STREET ADDRESS 3840 WHITING DRIVE SE CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33713 SAINT PETERSBURG FL 33705 ☐ Change Addition TITLE ☐ Delete TITLE KNIGHT, CONNIE NAME NAME STREET ADDRESS STREET ADDRESS 742 79TH CIR SO CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33707 ☐ Change Addition TITLE ☐ Delete TITLE ROSNER, JOYCE NAME STREET ADDRESS STREET ADDRESS 5505 PUERTA DEL SOL BLVD CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33715 ☐ Change Delete Addition TITLE TITLE CROLL, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 4238 45TH STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33711 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED IN AMERICA SIGNING OFFICER OR DIRECTOR Date Cayling Phone *

changed, or on an attachment

address, with all other lif