

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716865

1. Entity Name

ST. PAUL'S CHURCH, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90041 016 \*\*\*\*61.25

Principal Place of Business 122 TRINITY CIRCLE P.O. BOX 21946, REV HENRY DAVIDSON TAMPA FL 33622-1946 US	Mailing Address P O BOX 21946 P.O. BOX 21946, REV HENRY DAVIDSON TAMPA FL 33622-1946 US
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2. Principal Place of Business SAME AS ABOVE	3. Mailing Address SAME as above
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Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 21946
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City & State	City & State Tampa, FL 33622-1946
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Zip	Country	Zip	Country
		US	

4. FEI Number 59-2413220	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLENGER, JACK 122 TRINITY CIRCLE P. O. BOX 21946 TAMPA FL 33622
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Name SAME
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 <i>John Ballenger</i>	Director & Resident Agent	April 18, 2000
(NOTE: Registered Agent signature required when reinstating)		DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, HENRY (REV.) 108 AMALFIE ROAD NOKOMIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLENGER, JACK 122 TRINITY CIRCLE, P. O. BOX 21946-1946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, HARRIETTE 108 AMALFIE ROAD NOKOMIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSBORN, JOHN R. 108 AMALFIE ROAD NOKOMIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EAVES, DORIS L. 122 TRINITY CIRCLE, P.O. BOX 21946 TAMPA FL 33622	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EAVES, DORIS L. 122 Trinity Circle, P. O. Box 21946 Tampa, FL 33622-1946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Henry Davidson</i>	Rev. Henry Davidson	April 18, 2000	via Mail
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)