

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716865

1. Entity Name

ST. PAUL'S CHURCH, INC.

Principal Place of Business

122 TRINITY CIRCLE  
TAMPA FL 33622-1946  
US

Mailing Address

P O BOX 21946  
TAMPA FL 33622-1946  
US

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

P. O. Box 21946

City & State

City & State

Tampa, FL 33622-1946

Zip

Country

33622-1946

Country

USA

4. FEI Number

59-2413220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALLENGER, JACK  
122 TRINITY CIRCLE  
P. O. BOX 21946  
TAMPA FL 33622

(Delete)

7. Name and Address of New Registered Agent

Name  
Rev. Alfred Eaves

Street Address (P.O. Box Number is Not Acceptable)

2441 Bucknell Dr.

City

Valrico,

FL

Zip Code

33594

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

*Alfred Eaves*

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 29, 2001*

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 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 TAMPA FL	<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 CIR, P O BOX 21946 TAMPA FL 33622	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EAVES, DORIS L. 122 TRINITY CIR, P O BOX 21946 TAMPA FL 33622-1946	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rev. Henry Davidson 108 Amalfie Rd. Nokomis, FL 33555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rev. Jack Ballenger 108 Amalfie Rs. Nokomis FL 33555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rev. Harriette Graham 108 Amalfie Rd. Nokomis, FL 33555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rev. John Osborn 108 Amalfie Rd. Nokomis FL 33555	<input checked="" 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

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

*Henry Davidson*

Rev. Henry Davidson

April 29, 2001 (813) 689-0622

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90174 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)