

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0078821

**DOCUMENT # 716865**

1. Entity Name

**ST. PAUL'S CHURCH, INC.**

03-29-2002 91217 035 \*\*\*\*66.25

Principal Place of Business

Mailing Address

**122 TRINITY CIRCLE  
TAMPA FL 33622-1946**

**P O BOX 21946  
TAMPA FL 33622-1946**

same

2. Principal Place of Business  
**Trinity Circle**

3. Mailing Address  
**P. O. Box 21946**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State  
**FLA**

4. FEI Number **59-2413220**

Applied For  
Not Applicable

Zip  
**33622 - 1946**

Country  
**USA**

Zip  
**33622 - 1946**

Country  
**USA**

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

**EAVES, ALFRED REV.  
2441 BUCKNELL DRIVE  
VALRICO FL 33594**

Name **SAME Alfred Eaves**

Street Address (P.O. Box Number is Not Acceptable)  
**2411 Bucknell Dr.**

**Valrico**

City **Fla.** **FL** Zip Code **33594**

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

**Alfred Eaves**

**March 18, 2002**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD DAVIDSON, HENRY (REV.)**  
STREET ADDRESS **108 AMALFIE ROAD**  
CITY-ST-ZIP **NOKOMIS FL 33555**

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

TITLE ☐ Delete  
NAME **VD BALLENGER, JACK REV**  
STREET ADDRESS **108 AMALFIE RS**  
CITY-ST-ZIP **NOKOMIS FL 33555**

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

TITLE ☐ Delete  
NAME **VD GRAHAM, HARRIETTE REV**  
STREET ADDRESS **108 AMALFIE ROAD**  
CITY-ST-ZIP **NOKOMIS FL 33555**

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

TITLE ☐ Delete  
NAME **VPD OSBORN, JOHN R REV**  
STREET ADDRESS **108 AMALFIE ROAD**  
CITY-ST-ZIP **NOKOMIS FL 33555**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: Henry Davidson**

**3/18/2002**

**(813) 653-9872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)