

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90369 014 ****61.25

DOCUMENT # 716865

1. Entity Name

ST. PAUL'S CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2413220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EAVES, ALFRED REV
2411 BUCKNELL DRIVE
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

Rev. Robert Mallett

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

108 Amalfie Rd.

Nokomis, FL 33555

City

FL

Zip Code
33555

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev. Robert Mallett

Rev. Robert Mallett

☒

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Rev. Robert Mallett

Rev. Robert Mallett

4/18/2003

CR2E037 (10/02)