

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724820

1. Entity Name

FAITH CHURCH OF ST. PETERSBURG, FLORIDA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90038 047 ****61.25

Principal Place of Business

Mailing Address

6646 FIRST AVE., S.
ST. PETERSBURG FL 33707

6646 FIRST AVE., S.
ST. PETERSBURG FL 33707-1306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2351134

Applied For

Not Applicable

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

STACKHOUSE, JEFF
5533-21 AVENUE, NORTH
ST. PETERSBURG FL 33710

Name

Stackhouse, Jeff

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

ADDRESS CHANGE

117 Pinellas Way, South

City

St. Petersburg,

FL

Zip Code

33707

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

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 **P** ☒ Delete
NAME **STACKHOUSE, JEFF**
STREET ADDRESS **5533 21 AVE, N**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **P** ☒ Change ☐ Addition
NAME **Stackhouse, Jeff**
STREET ADDRESS **117 Pinellas Way, So.**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE **T** ☒ Delete
NAME **PORTER, ARCHIE**
STREET ADDRESS **8296-33 AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☐ Change ☒ Addition
NAME **Knight, Thurman**
STREET ADDRESS **550 Laplaza Avenue, So**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE **D** ☒ Delete
NAME **WILLIS, JOHN**
STREET ADDRESS **6920 20 AVE N, APT 409B**
CITY-ST-ZIP **ST PETE FL 33710**

TITLE **T** ☒ Change ☐ Addition
NAME **Willis, John**
STREET ADDRESS **6920 20 Ave. No. Apt.409B**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **D** ☒ Delete
NAME **NESTOR, PAUL**
STREET ADDRESS **5390 48 AVE, N**
CITY-ST-ZIP **ST PETE FL 33709**

TITLE **D** ☐ Change ☒ Addition
NAME **Bender, Anthony**
STREET ADDRESS **4391 31 Avenue, No.**
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **D** ☐ Delete
NAME **BENDER, DENNIS**
STREET ADDRESS **4900 HAINES ROAD, NO.**
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE **D** ☐ Change ☒ Addition
NAME **Love, Timothy**
STREET ADDRESS **5442 6 Avenue, North**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **D** ☐ Delete
NAME **SCOTT, LEROY**
STREET ADDRESS **5642 8 AVE N**
CITY-ST-ZIP **ST PETE FL 33710**

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: Jeff Stackhouse

4/18/00

(727) 381-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)