

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90003 006 ****61.25

DOCUMENT # 731382

1. Entity Name

MEADOWLAWN PRESBYTERIAN CHURCH, INC.

LA

Principal Place of Business 1770 62ND AVE NORTH ST. PETERSBURG FL 33702	Mailing Address 1770 62ND AVE NORTH ST. PETERSBURG FL 33702
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80078096



DO NOT WRITE IN THIS SPACE

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 59-0863375	Applied For <input type="checkbox"/> 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					
ELLIS, RAY 6055 -21ST N #J5 SAINT PETERSBURG FL 33714				Name Ellen Strefelt					
				Street Address (P.O. Box Number is Not Acceptable) 6015 19th St. N.					
				City St. Petersburg		FL		Zip Code 33714	

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>Ellen Strefelt</i>	Ellen Strefelt/President	11, July '01
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>DATE</small>

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	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 ELLIS, RAY 6055 -21ST ST N. SAINT PETERSBURG FL 33714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Strefelt, Ellen 6015 19th St N St Petersburg FL 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STREFELT, ELLEN 6015 19TH ST N APT 316 SAINT PETERSBURG FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lloyd Age 1889 76th Pl. N. St Petersburg FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLAYTON, EDITH 155 84-AVE N ST. PETERSBURG FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Barbara Hicks 7617 18th Way N. St Petersburg FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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"/> Delete	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: *Ellen Strefelt* **Ellen Strefelt** (727) 526.3304
11, July '01

CRCE037 (5/01)