

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90004 024 \*\*\*\*61.25

**DOCUMENT # 731806**

1. Entity Name

**WESTMINSTER UNITED PRESBYTERIAN CHURCH, INC. OF ST. PETERSBURG**

Principal Place of Business

Mailing Address

126 - 11TH AVE. N. E.  
 ST. PETERSBURG FL 33701

126 - 11TH AVE. N. E.  
 ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0662282**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**YOUNG, ED**  
**860-29TH AVE N**  
**ST. PETERSBURG FL 33704**

Name

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

City

**FL**

Zip Code

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 **PD** ☐ Delete  
 NAME **YOUNG, EDWIN**  
 STREET ADDRESS **860 29 AVE. NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **DEAN, GEORGIA**  
 STREET ADDRESS **165 12TH AVE. N.E.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **VD** ☒ Delete  
 NAME **YOUNG, EDWIN**  
 STREET ADDRESS **860 29 AVENUE NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE **TD** ☐ Delete  
 NAME **QUINN, JULIA**  
 STREET ADDRESS **136 10 AVENUE NE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **ATD** ☐ Delete  
 NAME **LIPSETT, AGNES**  
 STREET ADDRESS **4920 LOCUST STREET NE #214**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE **SD** ☒ Delete  
 NAME **DRUYOR, ERANK**  
 STREET ADDRESS **131 S.E. LINCOLN CIRCLE N.**  
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

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

TITLE **VD** ☐ Delete  
 NAME **LEWIS, CHARLOTTE**  
 STREET ADDRESS **4094 POPLAR STREET NE**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-02

CR2E037 (9/01)