


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90565 027 ****61.25

DOCUMENT # 731806	
1. Entity Name WESTMINSTER UNITED PRESBYTERIAN CHURCH, INC. OF ST. PETERSBURG	

Principal Place of Business 126 - 11TH AVE. N. E. ST. PETERSBURG FL 33701	Mailing Address 126 - 11TH AVE. N. E. ST. PETERSBURG FL 33701
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24054974



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent KEISTER, DAVID P SR 181 74TH AVE. N. SAINT PETERSBURG FL 33702	
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4. FEI Number 59-0662282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and (ide if applicable). (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida 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 LEWIS, CHARLOTTE 4094 POPLAR ST. N.E. SAINT PETERSBURG FL 33703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAN, GEORGIA 165 12th AVENUE N.E. ST. PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, GEORGIA 165 12TH AVENUE NE SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVELACE, WADE 1009 FARRAGUT DR. N. ST. PETERSBURG, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPSETT, AGNES 4920 LOCUST ST., N.E. #214 SAINT PETERSBURG FL 33703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADDOCK, LANDIS 155-13th AVENUE N.E. ST. PETERSBURG, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD LIPSETT, AGNES 4920 LOCUST STREET NE #214 SAINT PETERSBURG FL 33703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONELSON, PAUL 5216 35th TERRACE N. ST. PETERSBURG, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, CHARLOTTE 4094 POPLAR STREET NE SAINT PETERSBURG FL 33703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD McDONOUGH, WILLIAM 8765 79th PLACE N. SEMINOLE, FL 34647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD REEDER, JEANNE 1100 NORTH SHORE DR., N.E. #204 SAINT PETERSBURG FL 33701 <input checked="" 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: Georgia L. Dean **4-18-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #