2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735599

1. Entity Name



May 01, 2003 8:00 am Secretary of State 05-01-2003 90361 040 ****61.25

FILED

THE CATHER	DRAL BOOKSTORE OF	ST. PETERS CATHEDRAL	-1	03-01-2003 30301 0-	01.25			
Principal Place of	Business	Mailing Address	<u> </u>					
140-4TH ST N ST PETERSBURG FL 33701		136 4TH STREET NORTH ST PETERSBURG FL 33701 US		: 	II 81611 81611 81611 81611 1661			
2. Principal Place of Business 136 45 St. N.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-1708310	Applied For Not Applicable			
Zip ,	Country	Zip	Country		\$8.75 Additional Fee Required			
- (6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent				
CYNTHIA C. CAMPBELL 136 4TH STREET NORTH ST. PETERSBURG FL 33701				Name Street Address (P.O. Box Number is Not Acceptable)				
			City		Zin 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.

SATURE

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Signature, typed or printed nar	ne of registe	ered agent an	title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Make Check Payable to

		Trade Faria Contribution.		Added to Fees Florida Department of		tinent or s	late
10.	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	S	Delete	TITLE	D		☐ Change	Addition
NAME	TUCKER, JEANNE S		NAME	FRED STANS	BERV		
STREET ADDRESS	1050 RAFAEL BLVD NE		STREET ADDRESS	1401 17th 1	AVE. / Ni		
CITY-ST-ZIP	ST PETERSBURG FL 33704		CITY-ST-ZIP	ST. PETERSby	ea, Fl 337	704	_
TITLE	D	☐ Delete	TITLE	I	7 '	☐ Change	Addition .
NAME	BECK, CHARLES E		NAME	SARAR Hi	LL		
STREET ADDRESS	1656 MANOR WAY SOUTH		STREET ADDRESS	1901 /200/1	NA AVEC IVE		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	St. PETERS BU D Sydni ANN 350 200 St.	ira FL 3	3703-	J
TITLE	D	☐ Delete	TITLE	\mathcal{D}	# /	Change	Manage Addition
NAME	AMUNDRUD, KAREN		NAME	SUDNI ANN	SKOLLENBERGE	R	
STREET ADDRESS	4663 32ND AVE N		STREET ADDRESS	350 20d 5%	N. #24		
CITY-ST-ZIP	ST. PETERSBURG FL 33713		CITY - ST - ZIP	St. PETERSburg	FL 3370	<i>'</i>	
TITLE	D	☐ Delete	TITLE	D	•	☐ Change	Addition
NAME	LITTLE, MARTHA		NAME	DORIS JENKI	เพร		
STREET ADDRESS	751 25TH AVE NORTH		STREET ADDRESS	DOR'S JENKI ONE BEACH DA	SE #11	05	
CITY-ST-ZIP	ST PETERSBURG FL 33704		CITY-ST-ZIP	St. PETERSburg	FL 33201		
TITLE	P	☐ Delete	TITLE	σ		Change	Addition
NAME	AMUNDRUD, KAREN		NAME				ĺ
STREET ADDRESS	4663 32ND AVE N		STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG FL 33713		CITY - ST - ZIP	_			
TITLE	T	Delete	TITLE			Change	Addition
NAME	DEGROOT, JEANETTE		NAME				
STREET ADDRESS	3204-A 40TH WAY S.		STREET ADDRESS				ĺ
CITY-ST-ZIP	SAINT PETERSBURG FL 33711		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.