

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0063120

05-23-2001 91159 046 ****61.25

DOCUMENT # 738372

1. Entity Name

TRINITY UNITED PRESBYTERIAN CHURCH, ST. PETERSEU

Principal Place of Business

2830-22ND AVE.S.
 ST. PETERSBURG FL 33712

Mailing Address

2830-22ND AVE.S.
 ST. PETERSBURG FL 337-2

553754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2549045

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

CUMMINGS, JOSEPH D
3598 28TH AVE S
ST. PETERSBURG FL 33711

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	P	<input type="checkbox"/> Delete
NAME	CUMMINGS, JOSEPH	
STREET ADDRESS	3598 28TH AVE S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, MISHELL	
STREET ADDRESS	1919 14TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, RALPH	
STREET ADDRESS	421 38TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 0	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELOISE THOMPSON	
STREET ADDRESS	2651 MIRANDA WAY SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWERS, CHRISTINE	
STREET ADDRESS	3925 41ST STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRENSHAW, CHERYL	
STREET ADDRESS	331 55TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph Cummings

4/30/01 (727) 327-8560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)