

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90048 034 \*\*\*\*61.25

**DOCUMENT # 738372**

1. Entity Name

**TRINITY UNITED PRESBYTERIAN CHURCH, ST. PETERSBURG, FLORIDA, INC.**

Principal Place of Business

Mailing Address

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

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

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

**59-2549045**

Applied For

Not Applicable

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

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 D. Cummings*  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

*Feb. 3, 2002 (727) 867-3900*

CR2E037 (9/01)