

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90171 042 ****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

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**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph D Cummings*
Signature, typed or printed name of registered agent and title, if applicable.

January 27, 2003
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida 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
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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 D Cummings* **SIGNATURE REQUIRED**

January 27, 2003

CR2E037 (10/02)