

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740302

1. Entity Name

NORTHEAST CHRISTIAN CHURCH OF ST. PETERSBURG, IN

Principal Place of Business

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703

Mailing Address

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703-2960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1802581

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

DIXON, TOM
6098 110TH AVE
PINELLAS PARK FL 33782

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DROF, TERRY	
STREET ADDRESS	4621 9TH AVE, N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 FL 33713	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, CARL	
STREET ADDRESS	159 80TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOULD, JERRY	
STREET ADDRESS	3038 YALE ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	T	<input type="checkbox"/> Delete
NAME	HANKO, DAN	
STREET ADDRESS	5140 4TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILES, GARY	
STREET ADDRESS	7543 MEADOWLAWN DR, N	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARREL, J. R.	
STREET ADDRESS	1140 PELICAN PLACE	
CITY-ST-ZIP	SAFETY HARBOR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG JORDAN	
STREET ADDRESS	7011 70TH AVE N.	
CITY-ST-ZIP	PINELLAS PARK 33781	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GOLIGHTLY	
STREET ADDRESS	445 10TH AVE NE	
CITY-ST-ZIP	ST PETE 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB LEMAY	
STREET ADDRESS	5635 BURLINGTON AVE N	
CITY-ST-ZIP	ST. PETE 33710	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

727-521-1278

Date

Daytime Phone #

CR2E037 (9/99)