

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

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90082 005 ****70.00

DOCUMENT # 740302

1. Entity Name

NORTHEAST CHRISTIAN CHURCH OF ST. PETERSBURG, IN C.



Principal Place of Business

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703

Mailing Address

453 53RD AVENUE NORTH
ST. PETERSBURG FL 33703

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 **59-1802581**

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

CARREL, I.R.
1140 PELICAN PLACE
SAINT PETERSBURG FL 33703

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-12-03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 ☐ Delete
NAME **D SHERMAN, WAYNE**
STREET ADDRESS **5769 CALEAS BLVD #1**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE ☒ Change ☐ Addition
NAME **WAYNE SHERMAN**
STREET ADDRESS **5769 CALEAS BLVD #1**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33714**

TITLE ☒ Delete
NAME **D LEMAY, ROBERT JR**
STREET ADDRESS **5635 BUELLINGTON AVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D STANBAUGH, THOMAS**
STREET ADDRESS **6508 LENORE DR**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T HANKO, DAN**
STREET ADDRESS **5140 4TH ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D GOLIGHTLY, DAVID**
STREET ADDRESS **445 10TH AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T CARREL, J. R.**
STREET ADDRESS **1140 PELICAN PLACE**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

8/12/03

227.521-1278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)