

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742897

1. Entity Name

20TH ST. CHURCH OF CHRIST, INC.

Principal Place of Business

820 20TH STREET SOUTH  
ST. PETERSBURG FL 33712-2349

Mailing Address

820 20TH STREET SOUTH  
ST. PETERSBURG FL 33712-2349

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

59-2375028

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

BROWN, CARL M JR.  
4024 21ST AVENUE SOUTH  
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 PD ☐ Delete  
NAME WASHINGTON, WILLIE  
STREET ADDRESS 2670 FAIRWAY AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE VD ☐ Delete  
NAME SKINNER, CURTIS  
STREET ADDRESS 2500 66 TERR SO  
CITY-ST-ZIP SAINT PETERSBURG FL 33712

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

TITLE TSD ☐ Delete  
NAME BROWN, CARL M. JR.  
STREET ADDRESS 4024 21ST STREET SOUTH  
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE D ☐ Delete  
NAME SMITH, ROBERT E  
STREET ADDRESS 5655 11TH ST S  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE D ☐ Delete  
NAME MORRIS, FLOYD  
STREET ADDRESS 734 42ND AVE SO  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

CARL M. BROWN, JR. 4/13/01 (727) 896-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)