2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90040 028 ****61.25

DOCUMENT # 769117

1. Entity Name

BETHEL EVANGELICAL LUTHERAN CHURCH OF ST. PETERS

Principal Place of Business	Mailing Address
C/O DR PEDRO CACERES 1801 62ND AVENUE NORTH ST. PETERSBURG FL 33702 US	C/O DR PEDRO CACERES 1801 62ND AVENUE NORTH ST. PETERSBURG FL 33702-7119 US

769123

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
BETHEL EVANG. LUTH.	BETHEL EVANG. LUTH.
Suite, Apt. #, etc.: 1801 - 62ND AVENUE N	Suite, Apt. #, etc.: 1801 62ND AVENUE N
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33702 Country: US	Zip: 33702 Country: US

4. FEI Number: 59-1531562 ☐ Applied For ☐ Not Applic.

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
JOHNSTON, JOANNE H 1801 62ND AVE N ST PETERSBURG FL 33702	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	PD DENNISTON, CHARLES F 1600 61ST AVE S ST PETERSBURG FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT AUSTIN, DEBORAH F 9989- 85TH ST. N. SEMINOLE FL 33777-1927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CARTER, CHRISTOPHER A 1801 62 AVE. N. ST. PETERSBURG FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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: Joanne H Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #