

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90082 005 ****61.25

DOCUMENT # 769117

1. Entity Name

**BETHEL EVANGELICAL LUTHERAN CHURCH OF ST. PETERS
 BURG, FLORIDA**

Principal Place of Business

Mailing Address

**BETHEL EVANG LUTH
 62ND AVENUE NORTH
 PETERSBURG FL 33702
 US**

**C/O BETHEL EVANG LUTH
 1801 62ND AVENUE NORTH
 ST. PETERSBURG FL 33702
 US**

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

59-1531562

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

**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 **PD** ☒ Delete
 NAME **DENNISTON, CHARLES F**
 STREET ADDRESS **1600 61ST AVE S**
 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Chuck Stewart**
 STREET ADDRESS **1801 62nd Ave. N.**
 CITY-ST-ZIP **ST. Petersburg, FL 33702**

TITLE **DT** ☐ Delete
 NAME **AUSTIN, DEBORAH F**
 STREET ADDRESS **9989 85TH ST. N.**
 CITY-ST-ZIP **SEMINOLE FL 33777-1927**

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

TITLE **DS** ☒ Delete
 NAME **CARTER, CHRISTOPHER A**
 STREET ADDRESS **1801 62 AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Linda Gascon**
 STREET ADDRESS **1801 62 Ave. N.**
 CITY-ST-ZIP **ST. Petersburg, FL 33702**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

DEBORAH F. AUSTIN 4/17/02 727-582-6381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)