

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 771034**

1. Entity Name

THE OLD SAINT MARK COMMUNITY AID CENTER AT PORT

Principal Place of Business

**7218 SHERRILL ST
TAMPA FL 33616**

Mailing Address

**7218 SHERRILL ST
TAMPA FL 33616-1928**

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

59-2921072

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****JOHNSON THOMAS, LILA
7312 MASCOTT ST
TAMPA FL 33616**

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 **D** ☐ Delete
NAME **PATTY, MICHELLE**
STREET ADDRESS **7309 O'BRIEN**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Change ☒ Addition
NAME **TOM HARRISON**
STREET ADDRESS **6815 S TRASK ST**
CITY-ST-ZIP **TAMPA FL 33616**TITLE **ST** ☐ Delete
NAME **MUNNS, JIMMY**
STREET ADDRESS **679-B KENWERE LOOP**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Change ☒ Addition
NAME **SHAREN HARRISON**
STREET ADDRESS **6815 S TRASK ST**
CITY-ST-ZIP **TAMPA FL 33616**TITLE **CB** ☐ Delete
NAME **CANNON, NORMAN T.**
STREET ADDRESS **5102 IDAHO STREET**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Change ☒ Addition
NAME **ANNIE MUNNS**
STREET ADDRESS **3813 OKLAHOMA AVE** **TAMPA FL 33616**TITLE **D** ☐ Delete
NAME **JOHNSON THOMAS, LILA**
STREET ADDRESS **7312 MASCOTT STREET**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Change ☒ Addition
NAME **BELVA J. HARRELL**
STREET ADDRESS **7705 S. OBRIEN ST**
CITY-ST-ZIP **TAMPA FL 33616**TITLE **D** ☐ Delete
NAME **SHEPHARD, JOHN**
STREET ADDRESS **3814 OKLAHOMA AVENUE**
CITY-ST-ZIP **TAMPA FL**TITLE **ST** ☒ Change ☐ Addition
NAME **JIMMY MUNNS**
STREET ADDRESS **3813 OKLAHOMA AVE**
CITY-ST-ZIP **TAMPA FL 33616**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

NORMAN T. CANNON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/00**(813) 839-0295**

Daytime Phone #

CR2E037 (9/99)