

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # C97000000002**

1. Entity Name

LAKE MAGGIORE BAPTIST CHURCH OF ST. PETERSBURG,**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90001 020 ****61.25

Principal Place of Business

**4100 NINTH ST. SOUTH
ST. PETERSBURG FL 33705-3948**

Mailing Address

**4100 NINTH ST. SOUTH
ST. PETERSBURG FL 33705-3948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6019789

Applied For

Not Applied

Zip

Country

Zip

Country

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

**VANSON, HELENA
521 61 AVENUE SO.
ST. PETERSBURG FL 33705**

Name

Evans, Doris

Street Address (P.O. Box Number is Not Acceptable)

847 28th Avenue South**St. Petersburg, FL 33705**

City

St. Petersburg,**FL**

Zip Code

33705

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 **Doris Evans, Secretary**

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

(NOTE: Registered Agent signature required when reinstating)

1/12/2000

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	AMICK, DAVID M	
STREET ADDRESS	861 15TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM H	
STREET ADDRESS	1323 ASTURIA WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SUMMERALL, M. LOUISE	
STREET ADDRESS	470 THIRD ST SOUTH #302	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VANSON, HELENA	
STREET ADDRESS	521 61ST AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Summerall, M. Louise	
STREET ADDRESS	470 Third St. So. #408	
CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 ACQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helena VanSon**1/12/2000**

Date

727 867-1904

Daytime Phone #