

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90843 003 ****61.25

DOCUMENT # N02000000013

1. Entity Name

ST. PETERSBURG PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**200 CENTRAL AVE. STE 800
ST PETERSBURG FL 33701**

Mailing Address

**5753 1ST AVE N
ST PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1580 EDEN ISLE BLVD. N.E.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL 33704

Zip

33704

Country
USA

Country

4. FEI Number

59-3117330

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMLEY, EDWARD A DDS
5753 1ST AVE N
ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **V/S/D**
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

**DON NEWKIRK
4534-40TH ST. SO.
ST. PETERSBURG, FL 33711**

TITLE **V/T/D**
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

**DEAN KUCEKA
200 CENTRAL AVE. SUITE 800
ST. PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C/P/D**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

**EDWARD A. AMLEY
5753-1ST AVE. N.
ST. PETERSBURG, FL 33710**

TITLE **V/S/D**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

**CARLEY JEFF SCOTT
1600 72 AVE. N.E.
ST. PETERSBURG, FL 33702**

TITLE **V/T/D**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

**EMERY SWINGER
1600 BEACH DRIVE
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (10/02)

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: **EDWARD A. AMLEY** 2-6-03 127-381-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR