

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90048 010 ****61.25

DOCUMENT # N02000003160

1. Entity Name

TAKING IT TO THE STREETS MINISTRIES, INC.



Principal Place of Business

**7302 47 ST. NORTH
PINELLAS PARK FL 33781**

Mailing Address

**7302 47 ST. NORTH
PINELLAS PARK FL 33781**

2. Principal Place of Business

7320 47th ST. N.

Suite, Apt. #, etc.

3. Mailing Address

7320 47th ST. N.

Suite, Apt. #, etc.



☐ - CHECK HERE IF MAKING CHANGES

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

4. FEI Number

01-0669369

Applied For

Not Applicable

Zip

33781

Country

Zip

33781

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PIERCE, BRIAN REV.

7302 47 ST. NORTH

PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

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

7320 47th ST. N.

City

PINELLAS PARK,

FL

Zip Code

33781

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 **D** ☐ Delete
NAME **PIERCE, BRIAN REV.**
STREET ADDRESS **7302 47 ST. NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Delete
NAME **PIERCE, PAULA**
STREET ADDRESS **7302 47 ST. NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Delete
NAME **TANNEHILL, STEVE REV.**
STREET ADDRESS **4033 22 AVE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☐ Delete
NAME **MILLER, GARY**
STREET ADDRESS **8404 OAKHURST RD**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☐ Delete
NAME **BOAZ, KENNETH DR.**
STREET ADDRESS **1722 OAKDALE LN. E**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☐ Delete
NAME **BASCOM, WILLIAM**
STREET ADDRESS **6 BELLEVIEW BLVD #504**
CITY-ST-ZIP **CLEARWATER FL 33756**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

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

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

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: X SIGNATURE REQUIRED