

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 036 *****61.25

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

DOCUMENT # N02000006104

1. Entity Name
BISHOP ACADEMY II -GSFA, INC.



Principal Place of Business
 2901 54TH AVENUE SOUTH
 ST PETERSBURG, FL 33712

Mailing Address
 2326 MELROSE AVENUE SOUTH
 ST PETERSBURG, FL 33712

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

01-0740640

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

DENNARD, MARVA
 2326 MELROSE AVENUE SOUTH
 ST PETERSBURG, FL 33712

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 city if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FEES \$51.25

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
	DENNARD, MARVA	2326 MELROSE AVE S.	ST PETERSBURG, FL 33712	☐
	FOREHAND, RAY	2800 35TH ST S.	ST PETERSBURG, FL 33712	☐
	BROWN, KATY	742 26TH AVE N.	ST PETERSBURG, FL 33704	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Ordinary Phone #

CR2E037 (10/02)