

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90130 013 \*\*\*\*61.25

**DOCUMENT # N06990**

1. Entity Name  
**THE CENTRAL BAPTIST CHURCH OF PINELLAS, INC.**



Principal Place of Business <b>%STEPHEN W. SHELTON 3159 21ST ST. N. ST. PETERSBURG FL 33713-0052</b>	Mailing Address <b>%STEPHEN W. SHELTON 3159 21ST ST. N. ST. PETERSBURG FL 33713-0052</b>
---	---



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2469481**  
Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELTON, STEPHEN W.  
3159 21ST ST. N.  
ST. PETERSBURG FL 33713**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CRISP, DON</b>	
STREET ADDRESS	<b>3215 MELTON</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLBROOK, DAN</b>	
STREET ADDRESS	<b>9381 93RD AVENUE NORTH</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>PMD</b>	<input type="checkbox"/> Delete
NAME	<b>SHELTON, STEPHEN W.</b>	
STREET ADDRESS	<b>14012 FULLERTON DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERRITT, KEITH I</b>	
STREET ADDRESS	<b>17026 S R 54</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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 REQUIRED** 4/7/03 727-521-4265

CR2E037 (10/02)