

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08707

1. Entity Name

NORTH STREET CHURCH OF CHRIST, INC.

Principal Place of Business

610 E. NORTH STREET  
TAMPA FL 33604

Mailing Address

610 E. NORTH STREET  
TAMPA FL 33604-6167

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

59-2387272

Applied For

Not Applicable

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

PARKS, KENNETH  
610 E. NORTH STREET  
TAMPA FL 33604

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME LEWIS, ROLAND H  
STREET ADDRESS 201 BANNOCKBURN  
CITY-ST-ZIP TEMPLE TERRACE FL ☒ Delete

TITLE D  
NAME Paschall, Jim  
STREET ADDRESS 5811 N. Cherokee Ave.  
CITY-ST-ZIP Tampa FL 33604 ☒ Change ☐ Addition

TITLE D  
NAME CHANDLER, ROYCE  
STREET ADDRESS 504 COACH LANE  
CITY-ST-ZIP TEMPLE TERRACE FL ☒ Delete

TITLE D  
NAME Thompson, Rick  
STREET ADDRESS 10408 Connechusett Road  
CITY-ST-ZIP Tampa FL 33617 ☒ Change ☐ Addition

TITLE PDT  
NAME PARKS, KENNETH  
STREET ADDRESS 4116 99TH AVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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)(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: *Kenneth M. Parks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 (813) 988-5634  
Date Daytime Phone #

CR2E037 (9/99)