

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10132

1. Entity Name

FAITH COMMUNITY FELLOWSHIP OF OPEN BIBLE STANDAR
WORSHIP CENTER

Principal Place of Business

Mailing Address

~~4699 CENTRAL AVE~~
~~2ND FLOOR~~
~~ST. PETERSBURG FL 33713~~

~~4699 CENTRAL AVE~~
~~2ND FLOOR~~
~~ST. PETERSBURG FL 33713-0146~~

2. Principal Place of Business

1200 30TH AVE. N.

Suite, Apt. #, etc.

3. Mailing Address

1200 30TH AVE. N.

Suite, Apt. #, etc.

City & State

ST. PETE. FL.

City & State

ST. PETE. FL.

4. FEI Number

59-2470739

Applied For

Not Applicable

Zip

33704

Country

PINELLAS

Zip

33704

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODGERS, DWIGHT S

~~4699 CENTRAL AVE~~

~~2ND FLOOR~~

~~ST. PETERSBURG FL 33713~~

7. Name and Address of New Registered Agent

Name

RODGERS, DWIGHT S.

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

1200 30TH AVE. N.

City

ST. PETE

FL

Zip Code

33704

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, DWIGHT S	
STREET ADDRESS	960 ALCAZAR WAY S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLENDENING, CONSTANCE	
STREET ADDRESS	6319 25TH ST S., #117	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHETT, JIMMY	
STREET ADDRESS	948 54TH AVE., S.	
CITY-ST-ZIP	ST PETERSBURG FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DWIGHT S. RODGERS 3/30/00 822-4686

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90058 001 ****61.25



DO NOT WRITE IN THIS SPACE

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