

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90017 002 \*\*\*\*70.00

**DOCUMENT # N18131**

1. Entity Name

**CHRIST'S CATHEDRAL OF TAMPA, INC.**

Principal Place of Business

Mailing Address

~~15221-00-19~~ **12306 S.R. 52**  
~~HUDSON FL 34669~~ **HUDSON, FL 34669**  
**US**

**P O BOX 11291**  
**SHADY HILLS FL 34610 -- 0291**  
**US**

**908399**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**12306 S.R. 52**

Suite, Apt. #, etc.

City & State  
**HUDSON, FLORIDA**

City & State

4. FEI Number **59-2832977**

Applied For  
 Not Applicable

Zip **34669** Country **PASCO**

Zip Country

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

**PRICE, JOHN C.**  
~~15221-00-19~~ **12306 S.R. 52**  
~~HUDSON FL 34669~~ **HUDSON, FL 34669**

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.

**REV. DR. JOHN C. PRICE, PASTOR CHRIST'S CATHEDRAL OF TAMPA, INC**

SIGNATURE **John C. Price, Pastor**

**1-7-02**

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 **DP** ☐ Delete  
 NAME **PRICE, JOHN C.**  
 STREET ADDRESS **7908 GOLDEN GLEN PL**  
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☐ Delete  
 NAME **SHEPARD, IDA RAY**  
 STREET ADDRESS **11115 N. NEBRASKA**  
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☐ Delete  
 NAME **MECKS, ANITA**  
 STREET ADDRESS **4827 E. 98TH AVE**  
 CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

**REV. DR. JOHN C. PRICE, PASTOR CHRIST'S CATHEDRAL OF TAMPA, INC**  
**SIGNATURE: SIGNATURE REQUIRED, Pastor** **1-7-02 352-592-0461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)