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

Mailing Address 3501 SAN JOSE STREET

## **DOCUMENT # N18963**

1. Entity Name

Principal Place of Business

3501 SAN JOSE STREET

## PALMA CEIA PRESBYTERIAN CHURCH OF TAMPA, FLORIDA



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

04-28-2003 91335 027 \*\*\*\*61.25

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US		US		 	1 1 U Z 4 8 7 4			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	4. FEI Number 59-0767700 Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired Sa.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DEBEVOISE, JOHN T. 3501 SAN JOSE STREET TAMPA FL 33629				Name Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	e .	
	e named entity submits this statement fo tions of registered agent.  Signature, typed or printed name of registered agent.			or registered agent, or both, in	n the State of Florida. I am f	amiliar with,	and accept	
<del></del>				· ·	1			
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart			
10.	- OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANG	GES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCLEAN, WILLIAM C. 3417 ALMERIA TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCLAUCHLIN, JAMES C. 1502 SHERIDAN FOREST DR TAMPA FL	☐ Deleta	TITLE  NAME  STREET ADDRESS CITY=STZIP	VP		⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, RODGER 1506 SHERIDAN FOREST DR TAMPA FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, DONALD 4308 BEACHWAY DR. TAMPA FL 33609	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME OF THE STREET	Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	

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:

4-16-03