

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N19516

FILED
Mar 20, 2003
Secretary of State

Entity Name: THE MUSTARD SEED FOUNDATION, INC.

Current Principal Place of Business:

2510 CENTRAL AVE
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2510 CENTRAL AVE
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-2781328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONCHADO, LYNN
2510 CENTRAL AVENUE
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARCINAK, VALORE
Address: 3520 F MAGNOLIA
City-St-Zip: PALM HARBOR, FL 34648 US

Title: P () Delete
Name: WALSH, THOMAS J
Address: 180 28TH AVENUE N
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: VP () Delete
Name: CONCHADO, LYNN
Address: 7037 SUNSET DRIVE S., #204
City-St-Zip: SOUTH PASADENA, FL 33707 US

Title: S () Delete
Name: LONG, VICTORIA
Address: 4342 HOLLAND DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: MD () Delete
Name: ESCHENFELDER, BETH
Address: 532 6TH AVENUE N.
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: T () Delete
Name: PETERSON, THOMAS CPA
Address: 3277 FOX CHASE CIRCLE, #110
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH ESCHENFELDER

MD

03/20/2003

Electronic Signature of Signing Officer or Director

Date