

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 21, 2000 08:00 AM
Secretary of State

DOCUMENT # **N27880**

1. Entity Name

TRINITY UNITED METHODIST CHURCH OF ST. PETERSBURG, FLO
RIDA, INC.

Principal Place of Business

Mailing Address

2401 FIFTH ST. SOUTH

2401 FIFTH ST. SOUTH

ST. PETERSBURG
33705

FL

ST. PETERSBURG
33705

FL

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

59-0651105

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON CAROL Y
167 24TH AVE. NO

SAINT PETERSBURG
33704

FL

Name

GASTON GEORGIA REV.

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

6761 COLONY DR S

City

SAINT PETERSBURG

FL

Zip Code
33705

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 **GEORGIA GASTON**

06/21/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

D
DERBY MARIAN
125 56TH AVE S, #505
ST PETERSBURG FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

D
BLOCKER GENE
1517 26TH ST S
ST PETERSBURG FL 33733

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

T
DEVEREAUX MICHELE M
2578 66TH TERRACE SOUTH
ST PETERSBURG FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
KING DEBBIE
2401 FIFTH STREET SOUTH
ST PETE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

D
FOSTER ISOLYN
2401 FIFTH STREET SOUTH
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

D
SMITH RACHEL
2401 FIFTH STREET SOUTH
ST PETERSBURG FL

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.