

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, FLORIDA, INC.

Principal Place of Business 2401 FIFTH ST. SOUTH ST. PETERSBURG FL 33705	Mailing Address 2401 FIFTH ST. SOUTH ST. PETERSBURG FL 33705
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number 59-0651105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 WILSON CAROL Y
 167 24TH AVE. NO
 SAINT PETERSBURG FL 33704

7. Name and Address of New Registered Agent
 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 DATE 06/21/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERBY MARIAN 125 56TH AVE S, #505 ST PETERSBURG FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCKER GENE 1517 26TH ST S ST PETERSBURG FL 33733 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEVEREAUX MICHELE M 2578 66TH TERRACE SOUTH ST PETERSBURG FL 33712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING DEBBIE 2401 FIFTH STREET SOUTH ST PETE FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER ISOLYN 2401 FIFTH STREET SOUTH ST PETERSBURG FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH RACHEL 2401 FIFTH STREET SOUTH ST PETERSBURG FL <input type="checkbox"/> Change <input type="checkbox"/> 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.

C:\BREVET\2000