## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** May 01, 2001 08:00 AM N27880 DOCUMENT # 1. Entity Name **Secretary of State** TRINITY UNITED METHODIST CHURCH OF ST. PETERSBURG, FLO Principal Place of Business Mailing Address 2401 FIFTH ST. SOUTH 2401 FIFTH ST. SOUTH ST. PETERSBURG FL ST. PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0651105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GASTON GEORGIA REV. Street Address (P.O. Box Number is Not Acceptable) 6761 COLONY DR S SAINT PETERSBURG FL33705 City 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. 05/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE and the second second FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME BRAMI JAN STREET ADDRESS STREET ADDRESS 538 ROSER PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBÜRG FT. 33701 ☐ Delete TITLE TITLE ☐ Change X Addition NAME NAME RORR CAROLINE STREET ADDRESS STREET ADDRESS 713 HILLSIDE DRIVE SOUTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL. 33705 TITLE Delete TITLE Change ☐ Addition NAME DEVEREAUX MICHELE NAME STREET ADDRESS 2578 66TH TERRACE SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG 33712 CITY-ST-ZIP FL. TITLE Delete TITLE Change Addition NAME DERBY MARIAN NAME STREET ADDRESS 125 56TH AVE S, #505 STREET ADDRESS CITY-ST-ZIP 33705 CITY-ST-ZIP ST PETERSBURG FL. TITLE D 🔀 Delete TITLE Change ☐ Addition NAME BLOCKER GENE NAME STREET ADDRESS 1517 26TH ST S STREET ADDRESS CITY-ST-ZIP ST PETERSBURG 33733 CITY-ST-ZIP TITLE D □ Delete TITLE D X Change Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

KING

ST PETE

NAME

STREET ADDRESS

CITY-ST-ZIP

MICHELE DEVEREAUX

DEBBIE

2401 FIFTH STREET SOUTH

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2550 65TH AVENUE SOUTH

SAINT PETERSBURG

HERBERT

05/01/2001

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