

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32169

1. Entity Name

CHURCH OF GOD OF SAINT PETERSBURG, INCORPORATED

Principal Place of Business

Mailing Address

920 62ND AVE S
A-10
ST. PETERSBURG FL 33705
US

920 62ND AVE S
A-10
ST. PETERSBURG FL 33705-5611
US

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

65-0121089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILL, LAUREN A.
572 SECOND AVENUE SOUTH
ST. PETERSBURG FL 33701

Name

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

City

FL

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.

SIGNATURE

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 D ☐ Delete
NAME GRAY, GARY
STREET ADDRESS 852 50TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NIBLACK, MORRIS J
STREET ADDRESS 1317 14TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHAMBERS, CHRISTOPHER
STREET ADDRESS 1316 MELROSE AVENUE, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ Change ☐ Addition
NAME Christopher Chambers
STREET ADDRESS 2110 37th St South
CITY-ST-ZIP St. Petersburg FL 33711

TITLE S ☐ Delete
NAME GIBBS, SHARON
STREET ADDRESS 2239 HARTFORD STREET SOUTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GIBBS, MARVIN C
STREET ADDRESS 2239 HARTFORD STREET SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARTIN, VERONICA
STREET ADDRESS 711 1/2 18TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon D. Gibbs Sharon D. Gibbs 4/27/00 (727) 572-7723 X2050

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90221 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)