

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90276 042 \*\*\*\*61.25

0045562

**DOCUMENT # N32169**

1. Entity Name

**CHURCH OF GOD OF SAINT PETERSBURG, INCORPORATED**



Principal Place of Business

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

Mailing Address

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

**11032158**



2. Principal Place of Business

**3300 22nd Ave South**

Suite, Apt. #, etc.

3. Mailing Address

**2321 11th St. South**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Saint Petersburg Florida**

City & State

**Saint Petersburg Florida**

4. FEI Number **65-0121089**

Applied For

Not Applicable

Zip

**33712**

Country

**USA**

Zip

**33705**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, GARY</b>	
STREET ADDRESS	<b>852 50TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NIBLACK, MORRIS J</b>	
STREET ADDRESS	<b>1317 14TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERS, CHRISTOPHER</b>	
STREET ADDRESS	<b>2110 37 ST S</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33711</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIBBS, SHARON</b>	
STREET ADDRESS	<b>2239 HARTFORD STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIBBS, MARVIN C</b>	
STREET ADDRESS	<b>2239 HARTFORD STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33711</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, VERONICA</b>	
STREET ADDRESS	<b>711 1/2 18TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33705</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jones, Troy</b>	
STREET ADDRESS	<b>2321 11th Street South</b>	
CITY-ST-ZIP	<b>Saint Petersburg, Florida, 33705</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Marshall Faulk</b>	
STREET ADDRESS	<b>3490 QUEENSBORO AVE. South #3</b>	
CITY-ST-ZIP	<b>Saint Petersburg, Florida 33711</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Octavia Jones</b>	
STREET ADDRESS	<b>2321 11th Street South</b>	
CITY-ST-ZIP	<b>Saint Petersburg, Florida 33705</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gray, Gary</b>	
STREET ADDRESS	<b>852 50th Avenue South</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33705</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**April 27, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)