

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N41265**

1. Entity Name

15TH AVENUE CHURCH OF FAITH IN GOD INC.

Principal Place of Business

Mailing Address

**1915 15TH AVE SOUTH
ST. PETERSBURG FL 33712**

**4901 81 STREET
TAMPA FL 33619**

2. Principal Place of Business

4901 81 St.

3. Mailing Address

4901 81 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3043619

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, GARY F
2029 27TH ST. SOUTH
ST. PETERSBURG FL 33712**

change of address ->

7. Name and Address of New Registered Agent

Name **Brown, Gary F.**
Street Address (P.O. Box Number is Not Acceptable)
4901 81 St

City **Tampa** FL Zip Code **33619**

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

02-04-02

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	CT	
NAME	BROWN, GARY	
STREET ADDRESS	4901 81 STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DT	
NAME	WRIGHT, GRACIE	
STREET ADDRESS	2029 27TH ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33619	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, RHUDINE	
STREET ADDRESS	1905 TAILFFERO	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GEORGIA	
STREET ADDRESS	4901 81 ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, ANTONIO	
STREET ADDRESS	4901 81 ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanford Harper	
STREET ADDRESS	2001 N-Howard Ave	
CITY-ST-ZIP	Tampa FL 33607	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-29-02 (513) 677-9986

FILED

02 APR 11 AM 11:12

02-27-2002 90273 001 *****8.75

02-27-2002 90273 003 *****61.25
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)