

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90073 021 ****61.25

DOCUMENT # N42480

1. Entity Name

NEW PHILADELPHIA COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 15935
 ST. PETERSBURG FL 33733

P.O. BOX 15935
 ST. PETERSBURG FL 33733-5935

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

59-3051041

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NESBITT, EDWARD M JR.
4526 YARMOUTH AVE. SO.
ST. PETERSBURG FL 33711

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	CTR	<input type="checkbox"/> Delete
NAME	NESBITT, EDWARD M JR.	
STREET ADDRESS	4526 YARMOUTH AV. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CONYERS, BRENDA	
STREET ADDRESS	1719 40TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, JAMES	
STREET ADDRESS	5899 7TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ROBINSON, MARY ANN	
STREET ADDRESS	1049 27TH AVE S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MCGEE, WYVONNIA	
STREET ADDRESS	6284 12TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ROBINSON, JOYCE	
STREET ADDRESS	5899 7TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

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		
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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: *Edward Nesbitt Jr.* **Edward Nesbitt Jr.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-00 **(727) 579-1521**
 Date Daytime Phone #

CR2E037 (9/99)