

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90294 016 *****70.00

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1. Entity Name

**MIGHTY-MITE UNITED CHRISTIAN DONATION CENTERS, I
NC.**



Principal Place of Business

**3300 28TH STREET NORTH
ST PETERSBURG FL 33713
US**

Mailing Address

**1400 GANDY BLVD
SUITE 1411
SAINT PETERSBURG FL 33702
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 903

City & State

ST. Petersburg FL

4. FEI Number **59-3059997**

Applied For

Not Applicable

Zip

Country

33731

Pinellas

5. Certificate of Status Desired **X**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNES, H. COLLINGS

**1400 GANDY BLVD
#1411
SAINT PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

Name

Street

City

H. COLLINGS DOWNES (SAME)

3300 28TH ST. N

ST. Petersburg

FL

Zip Code

33713

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 **D** ☐ Delete
NAME **DOWNES, DEBORAH**
STREET ADDRESS **1400 GANDY BLVD #1411 3300 28TH ST. N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702 33713**

TITLE **D** ☐ Delete
NAME **DOWNES, H COLLINGS**
STREET ADDRESS **1400 GANDY BLVD #1411 3300 28TH ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702 33713**

TITLE **D** ☐ Delete
NAME **MITCHAM, LUPE V.**
STREET ADDRESS **1507 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **MANDORE, JANICE**
STREET ADDRESS **137 CHIPPEWA**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **MANDESE, VINCE**
STREET ADDRESS **137 CHIPPEWA**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Collings Downes 1-24-03 (727) 5211006

CR2E037 (10/02)