

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90080 031 \*\*\*\*\*70.00

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**DOCUMENT # N46380**

1. Entity Name

**COLLINS TEMPLE AME CHURCH, INC.**



Principal Place of Business

**3620 18TH AVE S  
ST PETERSBURG FL 33735  
US**

Mailing Address

**P.O. BOX 530095  
ST. PETERSBURG FL 33747  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6565713**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARTHELL, EDWARD J  
2006 KIOWA LN  
VALRICO FL 33594**

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

*Rev Edward J. Barthell* **Edward J. BARTHELL, COM** 4-27-03

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 **STD** ☐ Delete  
NAME **BRACY MARGARET**  
STREET ADDRESS **2320-23RD AVE. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **CDM** ☐ Delete  
NAME **BARTHELL, EDWARD J REV**  
STREET ADDRESS **2006 KIOWA LN**  
CITY-ST-ZIP **VALRICO FL 33559**

TITLE **STD** ☐ Delete  
NAME **FLOWERS QUEEN**  
STREET ADDRESS **1934-21ST AVE. SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Delete  
NAME **JORDAN, BEVERLY**  
STREET ADDRESS **1647 SCRANTON ST SO**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
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:

*Rev Edward J. Barthell*

4-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)