

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90051 045 \*\*\*\*61.25

**DOCUMENT # N93000002754**

1. Entity Name

**FIRST CHURCH OF THE BRETHREN OF ST. PETERSBURG,**

Principal Place of Business

**3651 71ST STREET NORTH  
ST. PETERSBURG FL 33710**

Mailing Address

**3651 71ST STREET NORTH  
ST. PETERSBURG FL 33710**

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

**59-6598512**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAHDERT, GEORGE K  
535 CENTRAL AVENUE  
ST. PETERSBURG FL 33701**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BC  
GOODWIN, MARIAN  
5825- 110TH WAY NORTH  
SEMINOLE FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BC  
ROBERT BEACH  
5720 Baywater Drive  
Tampa, FL 33615** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VBC  
BUCKSHORN, DOROTHY  
6514-6TH AVE NORTH  
SAINT PETERSBURG FL 33710** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VBC  
MARIAN GOODWIN  
5825 - 110th Way North  
Seminole, FL 33772** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SC  
GORDLEY, RONALD  
7827-39TH TERRACE NORTH  
SAINT PETERSBURG FL 33709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SC  
CHRIS KING  
11464 Oval Drive West  
Largo, FL 33774** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/M  
GORDLEY, RONALD  
7827-39TH TERRACE NORTH  
SAINT PETERSBURG FL 33709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/M  
JOHN FIGUEROA  
5643 - 63rd Way North  
St. Petersburg, FL 33709** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/CC  
RICHARDS, PEG  
6580 SEMINOLE BLVD. #112  
SEMINOLE FL 33772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/CC  
JEAN LERSCH  
6301 - 56th Avenue North  
St. Petersburg, FL 33709** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/P  
LERSCH, PHIL  
6301-56TH AVE. N.  
ST. PETERSBURG FL 33709** ☐ Delete

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

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:**

**ROBERT BEACH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01

(727) 381-0709

Date Daytime Phone #

CR2E037 (10/00)