

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002754**

1. Entity Name

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

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 &amp; State

City &amp; 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 **BC** ☐ Delete  
NAME **BEACH, ROBERT**  
STREET ADDRESS **5720 BAYWATER DRIVE**  
CITY-ST-ZIP **TAMPA FL 33615**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VBC** ☒ Delete  
NAME **GOODWIN, MARIAN**  
STREET ADDRESS **5825 110TH WAY NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33772**TITLE **VBC** ☒ Change ☐ Addition  
NAME **Penny DeLacquesseaux**  
STREET ADDRESS **4512 - 35th Terrace North**  
CITY-ST-ZIP **St. Petersburg, FL 33713**TITLE **SC** ☐ Delete  
NAME **KING, CHRIS**  
STREET ADDRESS **11464 OVAL DRIVE WEST**  
CITY-ST-ZIP **LARGO FL 33774**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D/M** ☐ Delete  
NAME **FIGUEROA, JOHN**  
STREET ADDRESS **5643 63RD WAY NORHT**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D/CC** ☐ Delete  
NAME **LESCHE, JEAN**  
STREET ADDRESS **6301 56TH AVENUE NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D/P** ☐ Delete  
NAME **LESCHE, PHIL**  
STREET ADDRESS **6301-56TH AVE. N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33709**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: **MARGARET A. RICHARDS** *Margaret A. Richards*

371702

(727) 381-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)