

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90968 045 ****70.00

DOCUMENT # N94000001733

1. Entity Name

FAITH IN ACTION OF UPPER PINELLAS, INC.



Principal Place of Business

**5 PATRICIA AVE.
DUNEDIN FL 34698**

Mailing Address

**5 PATRICIA AVE.
DUNEDIN FL 34698**

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 **59-3248081**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CROWTHER, DAVID M
492 LAKEVIEW DR UNIT 40
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name

Travis D. Finchum

Street Address (P.O. Box Number is Not Acceptable)

2087 Warwick Drive

City

Oldsmar

FL

Zip Code

34677

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CROWTHER, DAVID M	
STREET ADDRESS	492 LAKEVIEW DR UNIT 40	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOVONICK, PATRICIA K	
STREET ADDRESS	1818 ALBERTA DR	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COMFORT, JEAN M	
STREET ADDRESS	1103 CHARLES ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FINCHUM, TRAVIS	
STREET ADDRESS	1095 MARY JANE LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUPP, MARILYN	
STREET ADDRESS	1810 OAKMONT CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE S. MOREE	
STREET ADDRESS	517 MARJON AV.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finchum, Travis	
STREET ADDRESS	2087 Warwick Drive	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA J. MARTIN	
STREET ADDRESS	785 HICKORY LN	
CITY-ST-ZIP	PALM HARBOR, FL 34683	

CR2E037 (10/02)

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:

Mary Ann Carey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED MARY ANN CAREY, 2/19/03 727 738-4307