

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001926

1. Entity Name

ST. CHRISTOPHER'S CHURCH INC.

POSTED

VOID

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90297 049 ****61.25

Principal Place of Business 6211 MEMORIAL HIGHWAY TAMPA FL 33615	Mailing Address 6211 MEMORIAL HIGHWAY TAMPA FL 33615-4535
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DO NOT WRITE IN THIS SPACE

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 59-1057191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEFLOCH, EUGENE
3906 EDENROC CIRCLE WEST
TAMPA FL 33634-7420

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		
TITLE RD	NAME LEFLOCH, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS 3906 EDEN ROC CIRCLE W		
CITY-ST-ZIP TAMPA FL 33634		
TITLE VPD	NAME PETTOFREZZO, ROB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8603 MISTY SPRINGS CT		
CITY-ST-ZIP TAMPA FL 33635		
TITLE SD	NAME JONES, SHARON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 6422 MURRAY HILL DR		
CITY-ST-ZIP TAMPA FL 33615		
TITLE TD	NAME GRIVNA, FRANCENE L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4518 W. IDLEWILD AVE		
CITY-ST-ZIP TAMPA FL 33614		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE RD	NAME Webb, Donald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Po Box 262426		
CITY-ST-ZIP TAMPA, FL 33615		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE S	NAME Thomas E GUTH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6803 Murray Hill Ct		
CITY-ST-ZIP TAMPA, FL 33615		
TITLE T	NAME Lopez, Mary Alice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 504 Columbia Dr.		
CITY-ST-ZIP Tampa, FL 33606		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: THOMAS E GUTH DATE: 4-29-2000 DAYTIME PHONE #: 813 884 7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR