

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001926

1. Entity Name

ST. CHRISTOPHER'S CHURCH INC.

Principal Place of Business

6211 MEMORIAL HIGHWAY
TAMPA FL 33615

Mailing Address

6211 MEMORIAL HIGHWAY
TAMPA FL 33615-4535

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

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

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

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 RD ☐ Delete
NAME LEFLOCH, EUGENE
STREET ADDRESS 3906 EDEN ROC CIRCLE W
CITY-ST-ZIP TAMPA FL 33634

TITLE RD ☒ Change ☐ Addition
NAME Webb, Donald
STREET ADDRESS Po Box 262426
CITY-ST-ZIP TAMPA, FL 33615

TITLE VPD ☒ Delete
NAME PETTOFREZZO, ROB
STREET ADDRESS 8603 MISTY SPRINGS CT
CITY-ST-ZIP TAMPA FL 33635

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

TITLE SD ☒ Delete
NAME JONES, SHARON
STREET ADDRESS 6422 MURRAY HILL DR
CITY-ST-ZIP TAMPA FL 33615

TITLE S ☒ Change ☐ Addition
NAME Thomas E GUTH
STREET ADDRESS 6803 Murray Hill Ct
CITY-ST-ZIP TAMPA, FL 33615

TITLE TD ☒ Delete
NAME GRIVNA, FRANCENE L
STREET ADDRESS 4518 W. IDLEWILD AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE T ☐ Change ☒ Addition
NAME Lopez, Mary Alice
STREET ADDRESS 504 Columbia Dr.
CITY-ST-ZIP Tampa, FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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: *Thomas E Guth* REQUIRE THOMAS E GUTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-2000 813 884 7166

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

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



DO NOT WRITE IN THIS SPACE