

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0059493

**DOCUMENT # N94000001926**

1. Entity Name

**ST. CHRISTOPHER'S CHURCH INC.**

03-12-2001 90429 019 \*\*\*\*\*61.25

Principal Place of Business

**6211 MEMORIAL HIGHWAY  
TAMPA FL 33615**

Mailing Address

**6211 MEMORIAL HIGHWAY  
TAMPA FL 33615**

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

TITLE ☒ Change ☐ Addition  
NAME **RD LOPEZ, MARY ALICE**  
STREET ADDRESS **504 COLUMBIA DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33606**

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

TITLE ☒ Change ☐ Addition  
NAME **VPD BUTLER, DAVID**  
STREET ADDRESS **205 E. CAYUGA ST**  
CITY-ST-ZIP **TAMPA, FL 33603**

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

TITLE ☒ Change ☐ Addition  
NAME **SD GRIFFITH, DORIS**  
STREET ADDRESS **11144 INDIAN OAKS DR**  
CITY-ST-ZIP **TAMPA, FL 33625**

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

TITLE ☒ Change ☐ Addition  
NAME **TD SMITH, SUSAN W.**  
STREET ADDRESS **1605 MAGDALENE MANOR DR.**  
CITY-ST-ZIP **TAMPA, FL 33613**

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

*Mary Alice Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/2001*  
Date

*884-7116*  
Daytime Phone #

CR2E037 (10/00)