

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90110 027 ****61.25

DOCUMENT # N94000004893

1. Entity Name

RIPPY EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6922
CLEARWATER FL 34618

P.O. BOX 6922
CLEARWATER FL 33758-6922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3272654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

STERNS, RANDY K
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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:
FEES 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RIPPY, ARTHELENE	2001 63RD AVE. NORTH	ST. PETERSBURG FL 33702	<input type="checkbox"/>
D	COFFMAN, MEREDITH	11845 BRANCH MOORING	TAMPA FL 33635	<input type="checkbox"/>
D	PRICE, BURDETTE	10483 LONGWOD DRIVE	LARGO FL 34647	<input type="checkbox"/>
D	RIPPY, MICHAEL	8507 PLANTATION RIDGE ROAD	MONTGOMERY AL	<input type="checkbox"/>
D	CRABTREE, DAVID	30-A TYLER-PRENTICE RD.	WORCESTER MA 01605	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
Date

727-505-
Daytime Phone # 6322

CR2E037 (9/99)