

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006421

1. Entity Name

NATIONAL DAY OF PRAYER COMMITTEE OF PINELLAS. IN

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90019 009 \*\*\*\*61.25

Principal Place of Business 11501 WALKER AVENUE NORTH SEMINOLE FL 33772	Mailing Address 11501 WALKER AVENUE NORTH SEMINOLE FL 33772-7122
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2. Principal Place of Business Pasadena Presbyterian Suite, Apt. #, etc. 100 Pasadena Ave N City & State St Petersburg, FL Zip 33710	Country Pinellas	3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3447570	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, DAVID 11501 WALKER AVENUE NORTH SEMINOLE FL 33772
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7. Name and Address of New Registered Agent Name O. Rhett Talbert Street Address (P.O. Box Number is Not Acceptable) 100 Pasadena Ave N City St. Petersburg FL Zip Code 33710
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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: O. Rhett Talbert PASTOR O. RHETT TALBERT JR. April 27, 2000  
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAVID 11501 WALKER AVENUE NORTH SEMINOLE FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P TALBERT, OLIVER R JR 11501 WALKER AVENUE NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURG, BILLIE J 11501 WALKER AVENUE NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLY, WOODIE N 11501 WALKER AVENUE NORTH SEMINOLE FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KARIN 11501 WALKER AVENUE NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Elaine Creasman 13014-106th. Ave N Largo, FL 33774 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dick Florence 5800-100th. Way N St Petersburg, FL 33708-3447 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill & Pam Malone 3121 Shoreline Dr. Clearwater, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pastor Keith Scott 12685 Ulmerton Road Largo, FL 33774 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leslie Miller 10341 Imperial Point Dr W Largo, FL 33774 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elena Peters 7035-60th Way Pinellas Park, FL 33781 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Elaine Creasman Elaine Creasman 4-4-00 727-595-8963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99