

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90048 042 ****61.25

DOCUMENT # N97000004245

1. Entity Name

ST. PHILIP'S ANGLICAN CHURCH, INC.

Principal Place of Business

Mailing Address

C/O ALBRIGHT METHODIST CHURCH
 2750 5TH AVE. NO.
 SAINT PETERSBURG FL 33713
 US

P.O. BOX 11161
 ST. PETERSBURG FL 33733-1161
 US

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

59-3473382

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

HEDMAN, JOHN B
 355 DARTMOUTH AVE. N
 SAINT PETERSBURG FL 33710

Name **KAREN WILFONG**
 Street Address (P.O. Box Number is Not Acceptable)
782 41ST AVE. N.E.
 City **ST. PETERSBURG** FL Zip Code **33703**

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

Karen Wilfong, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/18/02

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 **D** ☐ Delete
 NAME **GERHART, WILLIAM E REV**
 STREET ADDRESS **5941 JAVA PLUM LANE**
 CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE **VPD** ☒ Delete
 NAME **HEDMAN, JOHN**
 STREET ADDRESS **4955 DARTMOUTH AVE. N**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **CATHARINE VIEBROCK**
 STREET ADDRESS **3531 37TH STREET No.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **T** ☐ Delete
 NAME **WILFONG, KAREN**
 STREET ADDRESS **782 41ST AVENUE, NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

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

TITLE **VPD** ☐ Delete
 NAME **HOWELL, LESLIE**
 STREET ADDRESS **131 BLUFVIEW DR #207**
 CITY-ST-ZIP **BELLGAIR BLUFFS FL 33770**

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

TITLE **D** ☐ Delete
 NAME **DOBARGANES, MARY**
 STREET ADDRESS **6414 SANDPIPER WAY SO.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

TITLE **D** ☐ Delete
 NAME **LONG, MARY**
 STREET ADDRESS **5095 BAY ST. NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

Karen Wilfong, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02

727-822-2905

CR2E037 (9/01)