

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90148 012 *****61.25

DOCUMENT # N97000004245

1. Entity Name

ST. PHILIP'S ANGLICAN CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

60018789



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3473382**

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

**WILFONG, KAREN
782 41ST AVE NE
SAINT PETERSBURG FL 33703**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **PD** ☒ Change ☐ Addition
NAME **JOHN B. HEDMAN**
STREET ADDRESS **4955 DARTMOUTH AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **VPD** ☐ Delete
NAME **VIEBROCK, CATHARINE**
STREET ADDRESS **3531 37TH ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

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

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **ROBERT MELANSON**
STREET ADDRESS **9930 56TH ST N**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **D** ☐ Delete
NAME **DOBARGANES, MARY**
STREET ADDRESS **8414 SANDPIPER WAY SO.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **ELIZABETH DIETERLE**
STREET ADDRESS **13861 TERN LANE**
CITY-ST-ZIP **CLEARWATER, FL 34622**

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 of Registered Agent

04/12/03 727-822-2905

CR2E037 (10/02)