

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000001286**

1. Entity Name

Emmanuel Charismatic Episcopal Church, Inc.

Principal Place of Business

Mailing Address

4300 4th St. N  
Suite B  
St. Petersburg, FL  
33703

2. Principal Place of Business

6455 102nd Ave N

3. Mailing Address

PO Box 2126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3483730

Applied For

Not Applicable

Zip

33782

Country

USA

Zip

33731

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

David Brookman  
4356 Tarpon Dr. SE  
St. Petersburg, FL 33705

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
Rick E. Hatfield  
2125 Alpine Ave.  
Sarasota, FL 34239-4113

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DTS  
David Brookman  
4356 Tarpon Dr. SE  
St. Petersburg, FL 33705

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
James Nilon  
1661 Arcadia Ave.  
Sarasota, FL 34239

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Allan Bibb  
7580 92nd St., 209D  
Largo, FL 33777

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

David Brookman 3/14/00 (727) 302-7279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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

03-22-2000 90090 046 \*\*\*\*61.25

C0043105

DO NOT WRITE IN THIS SPACE