

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90229 002 ****70.00

702649



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000001628

1. Entity Name

FELLOWSHIP OF APOSTLES FOR CHRIST., INC.

Principal Place of Business

Mailing Address

7855 126TH AVE. NORTH, STE. I
 LARGO FL 33773-1651

7855 126TH AVE. NORTH, STE. I
 LARGO FL 33773-1651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3490140

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

GRAY, PAUL W
6421 6TH AVE. NORTH
ST. PETERSBURG FL 33710-6907

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:
FEF 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 | DV | <input type="checkbox"/> Delete |
| NAME | COBB, THOMAS R | |
| STREET ADDRESS | 4731 57TH AVE. NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33714-1015 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GRAY, PAUL W | |
| STREET ADDRESS | 6421 6TH AVE. NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710-6907 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRAY, MARIANNINA A | |
| STREET ADDRESS | 6421 6TH AVE. NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710-6907 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | JONES, BRADLEY C | |
| STREET ADDRESS | 7855 126TH AVE. NORTH, STE. H | |
| CITY-ST-ZIP | LARGO FL 33773-1651 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | VINSON, BILLY R SR | |
| STREET ADDRESS | 6359 19TH AVE. NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710-4683 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

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: *Paul W Gray* **PAUL W. GRAY**

10 Jan 2000 (722) 562-4891 x2867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)