

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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90062 002 \*\*\*\*61.25

**DOCUMENT # N98000001628**

1. Entity Name

**FELLOWSHIP OF APOSTLES FOR CHRIST., INC.**



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3490140**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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. 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

TITLE **DV**  
NAME **COBB, THOMAS R**  
STREET ADDRESS **4731 57TH AVE. NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33714-1015**

☐ Delete

TITLE **DP**  
NAME **GRAY, PAUL W**  
STREET ADDRESS **6421 6TH AVE. NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710-6907**

☐ Delete

TITLE **D**  
NAME **GRAY, MARIANNINA A**  
STREET ADDRESS **6421 6TH AVE. NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710-6907**

☐ Delete

TITLE **DT**  
NAME **JONES, BRADLEY C**  
STREET ADDRESS **7855 126TH AVE. NORTH, STE. H**  
CITY-ST-ZIP **LARGO FL 33773-1651**

☐ Delete

TITLE **DS**  
NAME **VINSON, BILLY R SR**  
STREET ADDRESS **6359 19TH AVE. NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710-4683**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**28 Feb 2003**

**727-562-4890  
X2867**

CR2E037 (10/02)