

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003706

1. Entity Name

INTERNATIONAL BAPTIST CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

2545 GOMAZ WAY SOUTH
ST. PETERSBURG FL 33712

PO BOX 530584
ST. PETERSBURG FL 33747

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 59-3517795

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

HINDS, VIVIAN REV.
2545 GOMAZ WAY SOUTH
ST. PETERSBURG FL 33712

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINDS, VIVIAN REV	
STREET ADDRESS	2545 GOMAZ WAY SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID	
STREET ADDRESS	2090 62ND PLACE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRITTON, VILMA	
STREET ADDRESS	4236 53 AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, NOEL	
STREET ADDRESS	6035 7TH ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, TYRONE	
STREET ADDRESS	635 61ST AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
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: *Vivian Hinds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2002 727-867-8777

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90219 014 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)