

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90004 011 *****70.00

00087390

DO NOT WRITE IN THIS SPACE

DOCUMENT # **NA9000000322**

1. Entity Name
St. Paul Ministries of Clearwater

Principal Place of Business
606 Alden Avenue
Clearwater, FL 33755

Mailing Address
2145 - 1ST AVENUE SOUTH
St. Petersburg, FL 33712

2. Principal Place of Business
606 Alden Avenue

3. Mailing Address
2145 - 1ST AVENUE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
St. Petersburg, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
33755

Country

Zip

33712

Country

Pinellas

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

ST. PAUL MINISTRIES OF CLEARWATER, INC
606 Alden Avenue
Clearwater, FL 33755

Name **Mitchell L. Bryant**
 Street Address (P.O. Box Number is Not Acceptable)
6813 Martin Luther King St South
 City **St. Petersburg** **FL** Zip Code **33705**

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  **MITCHELL L. BRYANT, PRESIDENT** **9/16/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW
FEE IS \$81.25

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** ☒ Delete
 NAME **BRYANT Mitchell L**
 STREET ADDRESS **1175 Pinellas Point Drive S. #79**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **PD** ☒ Change ☐ Addition
 NAME **BRYANT, Mitchell L**
 STREET ADDRESS **6813 - Martin Luther King St. South**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **VD** ☒ Delete
 NAME **BARNES Danita**
 STREET ADDRESS **1175 Pinellas Point Drive S. #79**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **TD** ☐ Change ☒ Addition
 NAME **CHRISTINA BROWN**
 STREET ADDRESS **687-23 RD AVE SOUTH**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **SD** ☒ Delete
 NAME **FREDERICKS, DORIN**
 STREET ADDRESS **2184 - SOUTH DRIVE**
 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **VD** ☐ Change ☒ Addition
 NAME **BRYANT BARNES Danita**
 STREET ADDRESS **6813 - Martin Luther King St. South**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **TD** ☒ Delete
 NAME **FLUKES, Juanita**
 STREET ADDRESS **719 South Dixon Avenue**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **VD** ☐ Change ☒ Addition
 NAME **THORNE CARL**
 STREET ADDRESS **3504 4th Avenue North**
 CITY-ST-ZIP **St. Petersburg, FL 33713**

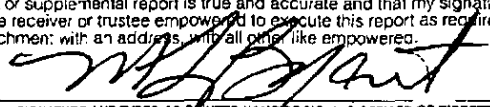
TITLE **D** ☒ Delete
 NAME **CASON, Willie**
 STREET ADDRESS **606 EAST OAKWOOD STREET**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **D** ☐ Change ☒ Addition
 NAME **WHITE FRANK**
 STREET ADDRESS **3504 4th Avenue North**
 CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **D** ☒ Delete
 NAME **BRYANT MOORE L**
 STREET ADDRESS **138 38th Street South**
 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE **SD** ☒ Change ☐ Addition
 NAME **BRYANT MOORE L**
 STREET ADDRESS **138 - 38th Street South**
 CITY-ST-ZIP **St. Petersburg, FL 33711**

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:  **MITCHELL L. BRYANT** **9/16/00** **(727) 828-1203**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)