

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000713

1. Entity Name

DREW PARK CHURCH OF CHRIST, INC.

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90103 042 ****61.25

Principal Place of Business

3907 W. DR. MLK JR. BLVD.
TAMPA FL

Mailing Address

3907 W. DR. MLK JR. BLVD.
TAMPA FL

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

APPLIED FOR

☒ 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

DOUGLAS, JOHN L
513 HILL DALE RD.
BRANDON FL 33510

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
NAME DOUGLAS, JOHN L
STREET ADDRESS 513 HILL DALE RD
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME HAMERTER, JAMES
STREET ADDRESS 6415 N 47TH STREET
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ROBBINS, JACOB
STREET ADDRESS P.O. BOX 195
CITY-ST-ZIP BRANDON FL 33509 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME HAMILTON, HENRY
STREET ADDRESS 4601 E. SERENA DR.
CITY-ST-ZIP TAMPA FL 33617 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

John L Douglas John L Douglas 4-9-02 813-654-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

To whom it may Concern

N 99000000 713/1234909

I talked with an internal revenue representative and she stated that since we are a non profit organization that the FEI Number is section #4 does not apply so I am sending the application as is.

Sincerely
John Day
