

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90320 009 \*\*\*\*61.25

**DOCUMENT # N99000004591**

1. Entity Name

**LIGHTHOUSE BAPTIST CHURCH OF PINELLAS, INC.**

Principal Place of Business

Mailing Address

2628-65TH AVE.,NORTH  
 ST.PETERSBURG FL 33702

2628-65TH AVE.,NORTH  
 ST.PETERSBURG FL 33702

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

**59-3592312**

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

**ROGERS, R. BRANSON REV**  
**.628-65TH AVE.,NORTH**  
**ST.PETERSBURG FL 33702**

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

*Rogers R. Branson REV*

*R Branson Rogers*

*1/30/01*

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 ☐ Delete  
 NAME **D LINDSEY, JACK**  
 STREET ADDRESS **7286 56TH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33309**

TITLE ☐ Change ☒ Addition  
 NAME **D RALPH ROGERS**  
 STREET ADDRESS **1916 71ST AVE. N.**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Delete  
 NAME **D CARY, EVELYN E**  
 STREET ADDRESS **4385-76TH TERRACE N.**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Change ☒ Addition  
 NAME **D MAURILE CARON**  
 STREET ADDRESS **8895 69ST W.**  
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☒ Delete  
 NAME **D PEBBLES, PAUL**  
 STREET ADDRESS **3984 105TH AVE NORTH**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Change ☒ Addition  
 NAME **T PETER CARY**  
 STREET ADDRESS **4385 76TH AVE N**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

*1/30/01*

*727-541-7716*

Date

Daytime Phone #

CR2E037 (10/00)