

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91160 016 \*\*\*\*61.25

0041588

**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

5945 PARK BLVD

2628 65TH AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1, 2 & 3

City & State

City & State

PINELLAS PARK, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33781

PINELLAS

33702

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, R. BRANSON REV  
 2628 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

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	D	<input type="checkbox"/> Delete
NAME	ROGERS, RALPH	
STREET ADDRESS	1916 71 AV N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARON, MAURICE	
STREET ADDRESS	8895 69 ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARY, PETER	
STREET ADDRESS	4385 76 TR N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN CARY	
STREET ADDRESS	4385 76 TR. N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK LINDSEY	
STREET ADDRESS	7281 56 AV. N.	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELORES HADSON	
STREET ADDRESS	2591 COUNTRYSIDE BLVD #303	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Signature]*

1/8/02 727-525-0123

CR2E037 (9/01)