

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006834

1. Entity Name

PALM HARBOR CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

7194 SHOAL LINE BLVD.  
SPRING HILL FL 34607

Mailing Address

7194 SHOAL LINE BLVD.  
SPRING HILL FL 34607

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

59-3609792

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

MASTRO, STEPHEN S  
7194 SHOAL LINE BLVD.  
SPRING HILL FL 34607

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	MASTRO, STEPHEN S	
STREET ADDRESS	7194 SHOAL LINE BLVD.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	JAMES, JACK CHARLES	
STREET ADDRESS	1001 PEARCE DRIVE, #307	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ROGER	
STREET ADDRESS	8022 MOCKEMUT LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SKEENS, KRISTINA	
STREET ADDRESS	289 COUNTRYSIDE KEY	
CITY-ST-ZIP	OLDSMAR FL 34677	
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"/> 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		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY M. KRES	
STREET ADDRESS	1403 WATERMILL CIR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	Joseph M. Logan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2681 MEGAN CT	
STREET ADDRESS	PALM HARBOR FL 34684	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/01

727-787-2291

Date

Daytime Phone #

CR2E037 (10/00)

0079619

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90084 036 \*\*\*\*61.25

100110



DO NOT WRITE IN THIS SPACE