


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710570** (3)

1. Corporation Name
ST. MARK'S UNITED METHODIST CHURCH OF ST. PETERSBURG, FL, INC.

Principal Place of Business 6801 38TH AVENUE NORTH ST PETERSBURG FL 33710	Mailing Address 6801 38TH AVENUE NORTH ST PETERSBURG FL 33710
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/22/1966		
4. FEI Number 59-1534553	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**JONES, RICHARD L. JR.
4150 69 ST N
ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RICHARD	1.2 NAME	Tr, C
STREET ADDRESS	4150 69 ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709-4627	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELOSHWAY, CHARLES	2.2 NAME	Tr
STREET ADDRESS	7828 38 TER N	2.3 STREET ADDRESS	BRIAN LEGATE
CITY-ST-ZIP	ST PETERSBURG FL 33710	2.4 CITY-ST-ZIP	5901-40 TH AVE. NO. ST. PETERSBURG, FL 33709
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, DWIGHT	3.2 NAME	S Tr
STREET ADDRESS	1699 63RD ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBER, GLORIA	4.2 NAME	Tr
STREET ADDRESS	7400 46 AVE, N L#245	4.3 STREET ADDRESS	JANICE KELLAR
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	4.4 CITY-ST-ZIP	1567-81 ST. N. # 6 ST. PETERSBURG, FL 33709
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXELL, LEW	5.2 NAME	Tr
STREET ADDRESS	6735 54 AVE N LOT #37	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Tr
STREET ADDRESS		6.3 STREET ADDRESS	KEITH W. PERRY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5741-DUNFRIES ST. N. ST. PETERSBURG, FL 33709

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard L. Jones Jr. 1-22-98 347-9008

CR2E037 (10/97)