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**Apr 13, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 710570

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/22/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1534553	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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
FL	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RICHARD	1.2 NAME	
STREET ADDRESS	4150 69 ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709-4627	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN LEGATE	2.2 NAME	
STREET ADDRESS	5901 40TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	2.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, DWIGHT	3.2 NAME	
STREET ADDRESS	1699 63RD ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE KELLAR	4.2 NAME	
STREET ADDRESS	1567 81ST ST N #6	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG. FL 33709	4.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIXELL, LEW	5.2 NAME	TR RAYMOND BORMAN
STREET ADDRESS	6735 54 AVE N LOT #37	5.3 STREET ADDRESS	6701 35 TER. N.
CITY-ST-ZIP	ST PETERSBURG FL 33709	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH W PERRY	6.2 NAME	
STREET ADDRESS	5741 DUNFRIES ST N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Richard L. Jones Jr.* (RICHARD L. JONES, JR.)

1-18-99 727-347-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25027 (11/08)