

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90065 004 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 710570

1. Entity Name
ST. MARK'S UNITED METHODIST CHURCH OF ST. PETERS

Principal Place of Business Mailing Address
6801 38TH AVENUE NORTH **6801 38TH AVENUE NORTH**
ST PETERSBURG FL 33710 **ST PETERSBURG FLA 33710-1421**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-1534553 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent
JONES, RICHARD L JR.
4150 69 ST N
ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	TRC JONES, RICHARD 4150 69 ST N ST PETERSBURG FL 33709-4627 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BRIAN LEGATE 5901 40TH AVE N ST PETERSBURG FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Russell Hart 1533 55 Street N St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR FERGUSON, DWIGHT 1699 63RD ST N ST PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee J. Read Gwyer 8069 29th Avenue N St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JANICE KELLAR 1567 81ST ST N #6 ST. PETERSBURG. FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GORMAN, RAYMOND 6701 35 TERR., N. ST PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KEITH W PERRY 5741 DUNFRIES ST N ST PETERSBURG FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Gloria Huber 7400 46th Avenue N Lot #245 St. Petersburg, FL 33709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Richard L. Jones, Jr. 1/8/00 727-347-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)