

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90096 031 \*\*\*\*61.25

**DOCUMENT # 710570**

1. Entity Name

**ST. MARK'S UNITED METHODIST CHURCH OF ST. PETERS BURG, FL, INC.**

Principal Place of Business

Mailing Address

331 38TH AVENUE NORTH  
 PETERSBURG FL 33710

6801 38TH AVENUE NORTH  
 ST PETERSBURG FL 33710

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

**59-1534553**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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  Delete  
 NAME **TRC JONES, RICHARD**  
 STREET ADDRESS **4150 69 ST N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33709-4627**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TR HART, RUSSELL**  
 STREET ADDRESS **1533 55 STREET N**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TR GWYER, READ J**  
 STREET ADDRESS **8069 29TH AVE N**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TR EPRIGHT, BETTY**  
 STREET ADDRESS **7825 54TH AVENUE #309**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TR GORMAN, RAYMOND**  
 STREET ADDRESS **6400 46TH AVENUE #319**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TR HUBER, GLORIA**  
 STREET ADDRESS **7400 46TH AVE N LOT #245**  
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE  Change  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: *Richard L Jones Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-02  
 Date

722-347-8008  
 Daytime Phone #

CR2E037 (9/01)