


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90039 012 ****61.25

DOCUMENT # 710570					
1. Entity 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		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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLAGA, STANLEY 5584 56 WAY N. ST PETERSBURG, FL 33709			Name <i>Al Bouchard</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>5493 57 Ave. N.</i>		
			City	State	Zip Code
<i>St. Petersburg</i>			<i>FL</i>		<i>33709</i>
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TRC	<input checked="" type="checkbox"/> Delete	TITLE	TRC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAGA, STANLEY		NAME	<i>Al Bouchard</i>	
STREET ADDRESS	5584 56 WAY N.		STREET ADDRESS	<i>5584 56 way N.</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	<i>St. Pete, Fl. 33709</i>	
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, EJ		NAME		
STREET ADDRESS	6855 38 AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWYER, READ J		NAME		
STREET ADDRESS	8069 29TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, AL		NAME		
STREET ADDRESS	3251 19TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, RAYMOND		NAME		
STREET ADDRESS	6400 46TH AVENUE #319		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBESON, GEORGE		NAME		
STREET ADDRESS	6260 46 AVE N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33709		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: <i>AR Plaga</i>			DATE: <i>1/14/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		