


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90065 025 ****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**

60020702



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1534553

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOUCHARD, AL
 5493 57AVE 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to:
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRC BOUCHARD, AL 5584 56 WAY N. SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BROGA, RICHARD 7631 46 WAY N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GWYER, READ J 8069 29TH AVE N SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR POLLARD, MARGUERITE 4143 56 ST. N. #903 SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BEDELL, AGNES 7856 38TH PLACE N SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBESON, GEORGE 6260 46 AVE N ST PETERSBURG, FL 33709	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Al Bouchard* **1/20/07** **727-345-8863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60030702

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with the wrong
check