

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 710570

Entity Name: ST. MARK'S UNITED METHODIST CHURCH OF ST. PETERSBURG, FL, INC.

Current Principal Place of Business:

6801 38TH AVENUE NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6801 38TH AVENUE NORTH
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-1534553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARACCIOLO, DAVID
6920 40TH AVE N.
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR () Delete
Name: BOUCHARD, AL
Address: 5584 56 WAY N.
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: TR () Delete
Name: BROGA, RICHARD
Address: 7631 46 WAY N
City-St-Zip: PINELLAS PARK, FL 33781

Title: TR () Delete
Name: GWYER, READ J
Address: 8069 29TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: TR () Delete
Name: POLLARD, MARGUERITE
Address: 4143 56 ST. N. #903
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: TR () Delete
Name: BEDELL, AGNES
Address: 7856 38TH PLACE N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: TRC () Delete
Name: CARACCIOLO, DAVID
Address: 6920 40TH AVE. N
City-St-Zip: SAINT PETERSBURG, FL 337109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: PERKINS, WILLIAM
Address: 5832 44TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: JOHNSON, KATHEY
Address: 5454 50TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CARACCIOLO

Electronic Signature of Signing Officer or Director

MR.

01/16/2009

Date