

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 05, 2006  
Secretary of State**

DOCUMENT# 704032

Entity Name: FIRST UNITED METHODIST CHURCH OF PINELLAS PARK, INC.

**Current Principal Place of Business:**

9025 49TH STR  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

9025 49TH STR  
PINELLAS PARK, FL 33782 US

**New Mailing Address:**

FEI Number: 59-0999717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DIVITO, JOHN J., ATTY.  
4514 CENTRAL AVE  
ST PETERSBURG, FL 33713 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: S ( ) Delete  
Name: STOCKSLAYER, BOBBI  
Address: PO BOX 126  
City-St-Zip: PINELLAS PARK, FL 33780

Title: T ( ) Delete  
Name: BELL, JANE  
Address: 6056 136 TERR N  
City-St-Zip: CLEARWATER, FL 33760

Title: P ( ) Delete  
Name: GARRETT, WILLIAM  
Address: 11641 59 ST  
City-St-Zip: PINELLAS PARK, FL 33782

Title: V ( ) Delete  
Name: SEVIER, KIRT  
Address: 6751 78 AVE  
City-St-Zip: PINELLAS PARK, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: MARY ASHCRAFT

FS

07/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date