

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:51

DOCUMENT # **705782** (1)

1. Corporation Name

ST. PAUL UNITED METHODIST CHURCH OF LARGO, INC.

Principal Place of Business

**1199 HIGHLAND AVENUE
LARGO FL 34640**

Mailing Address

**1199 HIGHLAND AVENUE
LARGO FL 34640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1963

3a. Date of Last Report

10/05/1994

4. FEI Number

59-1031675

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75

Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00

May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75

Supplemental

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WARD, R. CARLTON
1253 PARK
CLEARWATER FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	HALL, DAVE	12 NAME	
STREET ADDRESS	826 FOUNTAINHEAD DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARDIN, MARIANNE	22 NAME	
STREET ADDRESS	249 JASPER NW #121	23 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	24 CITY - ST - ZIP	
TITLE	S D	31 TITLE	☐ Change ☐ Addition
NAME	STILLWELL, RONALD	32 NAME	
STREET ADDRESS	3269 FOUNTAINHEAD DR.	33 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	EMERY, ALBERT	42 NAME	
STREET ADDRESS	637 STREMA RD.	43 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	44 CITY - ST - ZIP	
TITLE	VC	51 TITLE	☐ Change ☐ Addition
NAME	ARMBRUSTER, RICHARD	52 NAME	
STREET ADDRESS	1843 OAKDALE DALE S.	53 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	54 CITY - ST - ZIP	
TITLE	B S	61 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, MAJORIE	62 NAME	
STREET ADDRESS	14559 BAY HILLS DR.	63 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SYSTEM / NAME