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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **705782** **(1)**

1. Corporation Name

ST. PAUL UNITED METHODIST CHURCH OF LARGO, INC.

Principal Place of Business	Mailing Address
1199 HIGHLAND AVENUE LARGO FL 34640	1199 HIGHLAND AVENUE LARGO FL 33770-1612

3. Date Incorporated or Qualified: **06/20/1963**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1031675** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HALL, DAVE		1.2 NAME	RINKER, MARSHALL E.	
STREET ADDRESS	826 FOUTAINHEAD DRIVE		1.3 STREET ADDRESS	140 WILLOWDALE DR.	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARDIN, MARIANNE		2.2 NAME		
STREET ADDRESS	249 JASPER NW #121		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STILLWELL, RONALD		3.2 NAME		
STREET ADDRESS	3269 FOUNTAINHEAD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EMERY, ALBERT		4.2 NAME		
STREET ADDRESS	637 STREMMA RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARMBRUSTER, RICHARD		5.2 NAME		
STREET ADDRESS	1843 OAKDALE DALE S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCDOWELL, MAJORIE		6.2 NAME		
STREET ADDRESS	14559 BAY HILLS DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 — Daytime Phone # 0049593