2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 14, 2000 8:00 am Secretary of State DOCUMENT # 705782 1. Entity Name ST. PAUL UNITED METHODIST CHURCH OF LARGO, INC. 03-14-2000 90081 023 ****61.25 .Principal.Place.of.Business. Mailing Address 1199 HIGHLAND AVENUE 1199 HIGHLAND AVENUE LARGO FL 33770-1612 COCOLTIC LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1031675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WARD, R. CARLTON 1253 PARK CLEARWATER FL Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE C.... HALL, DAVE NAME NAME STREET ADDRESS **826 FOUTAINHEAD DRIVE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Largo FL ☐ Addition TITLE D ☐ Delete TITLE ☐ Change BETOURNE, JUDY NAME STREET ADDRESS STREET ADDRESS **804 RICHARDS AVE** CITY-ST-ZIP CITY-ST-ZIF CLEARWATER FL 33755 TITLE ☐ Delete TITLE ☐ Change Addition NAME RINKER, MARSHALL E NAME STREET ADDRESS 140 WILLOWDALE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Belleair fl ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME EMERY, ALBERT STREET ADDRESS STREET ADDRESS 637 STREMMA RD. CITY-ST-ZIP CITY-ST-ZIP largo fl ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME ARMBRUSTER, RICHARD STREET ADDRESS STREET ADDRESS 1843 OAKDALE DALE S. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Addition ☐ De!ete TITLE

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: الإسارا مصلك أثاثا للالماسي SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MCDOWELL MAJORIE

14559 BAY HILLS DR.

LARGO FL

NAME

STREET ADDRESS

CITY-ST-7IP

D.H.

2-23.2000

Daytime Phone #