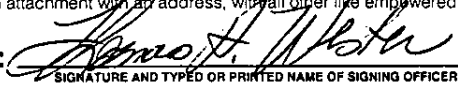


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90027 020 ****61.25

DOCUMENT # 705782 1. Entity Name ST. PAUL UNITED METHODIST CHURCH OF LARGO, INC.					
Principal Place of Business 1199 HIGHLAND AVENUE LARGO, FL 33770 US			Mailing Address 1199 HIGHLAND AVENUE LARGO, FL 33770 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARD, R. CARLTON 1253 PARK CLEARWATER, FL				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C		TITLE	Carr, Rodney ☒ Change ☐ Addition	
NAME	HUDSON, TOM ☒ Delete		NAME	1613 Eden Court	
STREET ADDRESS	1960 COVE LANE		STREET ADDRESS	Clearwater, FL 33756	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BETOURNE, JUDY		NAME		
STREET ADDRESS	804 RICHARDS AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	VC ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	COUSIN, GEORGE		NAME		
STREET ADDRESS	3045 DOMINION CT.		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BAKER, KEN		NAME		
STREET ADDRESS	1446 PREMIER VILLAGE WAY		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SIDES, LLOYD		NAME		
STREET ADDRESS	9119 JAKES PATH		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BOSSARD, MARILYN		NAME		
STREET ADDRESS	12931 88TH AVE N.		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP		
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1-18-05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			727-584-8165 Daytime Phone #		

40003631



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1031675 Applied For Not Applicable

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

FL Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #