FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706335** **(7)**

1. Corporation Name

ST. LUKE'S UNITED METHODIST CHURCH OF ST. PETERS BURG, FLORIDA, INC.

Principal Place of Business	Mailing Address
4444 FIFTH AVE NORTH ST. PETERSBURG FL 33713	4444 FIFTH AVE NORTH ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1963**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-0675145** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PURDUM, EUGENE D 2698 67TH ST. N ST. PETERSBURG FL 33710	81 Name: William O. May 82 Street Address (P.O. Box Number is Not Acceptable): 5218 Casilla Way South 83 84 City: St. Petersburg **FL** 85 Zip Code: 33712

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: William O May — 4-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	DILL, MILDRED	1.2 NAME	
STREET ADDRESS	3815 18TH AVENUE, NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☒ Change ☐ Addition
NAME	PURDUM, EUGENE D	2.2 NAME	PLEASE REMOVE MR. PURDUM'S NAME
STREET ADDRESS	2698 67TH STREET N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	C/ Tr ☒ Change ☐ Addition
NAME	MAY, WILLIAM O	3.2 NAME	MAY, WILLIAM O.
STREET ADDRESS	5218 CASILLA WAY, SOUTH	3.3 STREET ADDRESS	5218 Casilla Way South
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE		4.1 TITLE	V/Tr ☐ Change ☒ Addition
NAME		4.2 NAME	CHAMPION, WILLIAM W.
STREET ADDRESS		4.3 STREET ADDRESS	9442 14TH AVE. N.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: William O May — 4-25-95 — (813) 321-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084330