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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
*Secretary of State*
DIVISION OF CORPORATIONS

* 3 3 4 1 6 5 *
334165 - 90006 - 49

DOCUMENT # 706335

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<br>ST. PETERSBURG FL 33713 | 4444 FIFTH AVE NORTH<br>ST. PETERSBURG FL 33713 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>10/25/1963 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-0675145 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip / Country<br>24 25 | Zip / Country<br>29 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

M L ROBERTS
6261 32ND AVE N
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: Billie A. Barger
82 Street Address (P.O. Box Number Is Not Acceptable): 6380 33rd Avenue North
83
84 City: St. Petersburg FL 85 Zip Code: 33710

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: Billie A. Barger 4-8-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>BARGER, BILLIE A<br>6380 33RD AVE NO<br>ST PETERSBURG FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | CT<br>Barger, Billie A.<br>6380 33rd Ave. No.<br>St. Petersburg, FL 33710 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BOWERS, RAYMOND<br>1518 45TH STREET NO<br>ST PETERSBURG FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | T<br>Bowers, Raymond<br>1518 45th Street No.<br>St. Petersburg, FL 33713 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CT<br>ROBERTS, M L<br>6261 32ND AVE NO<br>ST PETERSBURG FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VT<br>Bozeman, Sandra<br>8022 Stimie Ave. No.<br>St. Petersburg, FL 33710 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. 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 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, with all other like empowered.

**SIGNATURE:** Billie A. Barger, Chm. 2-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #