

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90192 012 ****70.00

DOCUMENT # 706335

1. Entity Name

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

Principal Place of Business

Mailing Address

**4444 FIFTH AVE NORTH
 SAINT PETERSBURG FL 33713-6299
 US**

**4444 FIFTH AVE NORTH
 SAINT PETERSBURG FL 33713-6299
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0675145

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARGER, BILLIE A
 6380 33RD AVENUE NORTH
 ST. PETERSBURG FL 33710**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **CT**
 STREET ADDRESS **BARGER, BILLIE A**
 CITY-ST-ZIP **6380 33RD AVE NO
 ST PETERSBURG FL 33710**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **STEWART, VIRGINIA**
 CITY-ST-ZIP **5862 - 81st Avenue
 Pinellas Park, FL 33781**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BOWERS, RAYMOND**
 CITY-ST-ZIP **1518 45TH STREET NO
 ST PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
 NAME **Virginia Stewart**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CT**
 STREET ADDRESS **ROBERTS, M L**
 CITY-ST-ZIP **6261 32ND AVE NO
 ST PETERSBURG FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VT**
 STREET ADDRESS **BOZEMAN, SANDRA**
 CITY-ST-ZIP **8022 STIMIE AVENUE, N
 ST PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Daytime Phone #

CR2E037 (9/01)