

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90068 044 ****70.00

DOCUMENT # 706335

1. Entity Name
ST. LUKE'S UNITED METHODIST CHURCH OF ST.
PETERSBURG, FLORIDA, INC.



Principal Place of Business
4444 FIFTH AVE NORTH
SAINT PETERSBURG, FL 33713-6299 US

Mailing Address
4444 FIFTH AVE NORTH
SAINT PETERSBURG, FL 33713-6299 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0675145

Applied For
Not Applicable

Zip

Country

Zip

Country

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 Tim Poole
Street Address (P.O. Box Number is Not Acceptable)
5177 40th Street S
City St Petersburg FL Zip Code 33711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE Tim Poole ☐ Change ☒ Addition
NAME 5177 40th St S
STREET ADDRESS St Petersburg FL 33711
CITY-ST-ZIP (CT)

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

TITLE Dale Swartzmiller ☐ Change ☒ Addition
NAME 6237 32nd Ave N
STREET ADDRESS St Petersburg FL 33710
CITY-ST-ZIP (VT)

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

TITLE Catherine S. Kurant ☐ Change ☒ Addition
NAME 6644 Poinsettia Ave S
STREET ADDRESS St Petersburg FL 33707
CITY-ST-ZIP (S)

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

TITLE Jeff Brown ☐ Change ☒ Addition
NAME 13054 Forest DR.
STREET ADDRESS Seminole FL 33776
CITY-ST-ZIP (T)

TITLE T ☐ Delete
NAME STEWART, VIRGINIA
STREET ADDRESS 5862-81ST AVENUE
CITY-ST-ZIP PINELLAS PARK, FL 33781

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/04