

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 8:00 am
Secretary of State**

03-28-2005 90053 016 ****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**

66011822



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005

Chg-NP

CR2E037 (10/03)

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

**POOLE, TIM
5177 40TH STREET S
SAINT PETERSBURG, FL 33711**

Name
Dale Swartzmiller

Street Address (P.O. Box Number is Not Acceptable)
6237 - 32nd Ave. No.

City
St. Petersburg

FL Zip Code
33710

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

Dale Swartzmiller

04.15.05

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when consulting)

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CT
POOLE, TIM
5177 40TH ST S
SAINT PETERSBURG, FL 33711** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CT Dale Swartzmiller
6237 - 32nd Ave. No.
St. Petersburg, FL 33710** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VT
SWARTZMILLER, DALE
6237 32ND AVE N
SAINT PETERSBURG, FL 33710** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VT Jenni Denny
4140 - 8th Ave. No.
St. Petersburg, FL 33713** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
KURANT, CATHERINE S
6644 POINSETTIA AVE S
SAINT PETERSBURG, FL 33707** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
BROWN, JEFF
13054 FOREST DR
SEMINOLE, FL 33776** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
- - - - - ☐ Delete

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

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 info empowered.

SIGNATURE:

Dale Swartzmiller

04.15.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #