2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90368 035 ****70.00

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

40034190

02272007 No Chg-NP CR2E037 (4/06)

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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

SWARTZMILLER, DALE
6237 32ND AVE. NORTH
SAINT PETERSBURG, FL 33710

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	SWARTZMILLER, DALE
STREET ADDRESS	6237 32ND AVE. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	T
NAME	DENNY, JENNI
STREET ADDRESS	4140 8TH AVE. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	VCT
NAME	ROWE, PAUL
STREET ADDRESS	6507 31ST AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	T
NAME	~~BROWN, JEFF~~
STREET ADDRESS	~~13854 FOREST~~ DR
CITY-ST-ZIP	~~SEMINOLE, FL 33~~776
TITLE	T
NAME	MOORE, KATHY
STREET ADDRESS	6671 12TH TERR N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

X **SIGNATURE:** Dale Swartzmiller 2 March 07 727 381 6118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #