2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 706335

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

Current Principal Place of Business:

4444 FIFTH AVE NORTH
SAINT PETERSBURG, FL 337136299 US

New Principal Place of Business:

Current Mailing Address:

4444 FIFTH AVE NORTH
SAINT PETERSBURG, FL 337136299 US

New Mailing Address:

FEI Number: 59-0675145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CT ( ) Delete
Name: SWARTZMILLER, DALE
Address: 6237 32ND AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T ( ) Delete
Name: DENNY, JENNI
Address: 4140 8TH AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T ( ) Delete
Name: MOORE, KATHY
Address: 6671 12TH TERR N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VCT ( ) Delete
Name: ROWE, PAUL
Address: 6507 31ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: SNEAD, BARBARA
Address: 4310 3RD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T ( ) Change (X) Addition
Name: DEHAVEN, EUGENE
Address: 250 65TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE SWARTZMILLER CT 04/08/2009

Electronic Signature of Signing Officer or Director — Date