

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 30 AM 10:46**

**DOCUMENT # 707337 (2)**  
1. Corporation Name  
**WESLEY UNITED METHODIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**301 37TH AVENUE N. ST PETERSBURG, FL 33704**      **301 37TH AVENUE N. ST PETERSBURG, FL 33704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/25/1964</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-0935753</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**DAVIS, BARBARA**  
**301 37TH AVENUE NORTH**  
**ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent 81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>MD</b>
NAME	<b>BREWER, WILLISTON</b>
STREET ADDRESS	<b>301 37TH AVENUE NORTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>T</b>
NAME	<b>DAVIS, BARBARA</b>
STREET ADDRESS	<b>301 37TH AVENUE NORTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>T</b>
NAME	<b>BOISCLAIR, MABEL</b>
STREET ADDRESS	<b>835 40TH AVENUE NE</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>T</b>
NAME	<b>PHINNEY, KATHERINE</b>
STREET ADDRESS	<b>2222 FIRST STREET NORTH</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara K. Davis      March 23, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Print Name)

**Barbara K. Davis**