


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 709159	
1. Entity Name LEALMAN METHODIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.	

Principal Place of Business 4090 58TH AVENUE NORTH ST. PETERSBURG, FL 33714	Mailing Address 4090 58TH AVENUE NORTH ST. PETERSBURG, FL 33714
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DO NOT WRITE IN THIS SPACE	
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02202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0791033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAUGH, JAMES L 2010-46 AVE N. SAINT PETERSBURG, FL 33714	
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**DO NOT WRITE
IN THIS SPACE**

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, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT QUINLIVAN, J. MICHAEL 14798 SS WAY N CLEARWATER, FL 34620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRADY, IRENE 4327 YARDLEY AV N. SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUGH, JAMES 2010-46 AVE N. SAINT PETERSBURG, FL 33714
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03/23/05-80053-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James L. Haugh - JAMES L. HAUGH 3/5/05 727-525-6563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #