2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # 709159

STREET ADDRESS

CITY-ST-ZIP



Mar 16, 2006 8:00 am Secretary of State

FILED

1. Entity Nam LEALMAI FLORIDA	N METHODIST CHURCH	OF ST. F	PETERSBURG	3,				03-16-	2006	90230	J 3 1 ****	01.23
4090 58TH AVENUE NORTH 40			Mailing Address 4090 58TH AVENUE NORTH ST. PETERSBURG, FL 33714				-					
2. Principal P	Place of Business	3. Mai	ling Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
			Suite, Apr., #, etc.				01172006	Chg-NP		CR2E0	37 (11/05))
City & State			City & State				4. FEI Number 59-079					Applied For Not Applicable
Zip	Zip Country		Zip Cou		untry		5. Certificate	of Status De	sired		\$8.75 A	dditional
	6. Name and Address of Curren	nt Registere	id Agent	·		J	7. Name and	Address of	New R	egistered		.00
HALIGH	AMES IV				Name							
HAUGH, JAMES ∰ 2010-46 AVE N. Ü SAINT PETERSBÜRG, FL 33714					Street A	ddress (f	O. Box Number	er is Not Acc	eptable)		
0,4114,772	7ERODORO, 1 E 337 14											
, ,					City					FL	Zip Co	ode
8. The above	named entity submits this statement tions of registered agent.	for the purp	ose of changing its	registere	ed office or	register	ed agent, or bo	th, in the Stat	te of Flo	rida. I am	familiar wit	h, and accept
ine ounga	ions of registered agent.											
SIGNATURE												
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered ago	nt and title if app	okozbie. (NÖTE	: Registered	d Agent eignati	une required	when reinstating)			DATE		
SIGNATURE	Signature, typed or printed name of registered ago Filling Fee is \$61.25 Due by May 1, 2006	nt and title if app	9. Election Carr Trust Fund C	paign Fi	inancing		shen reinstating) \$5.00 May B Added to Fees	е		ake chec	k payable	
10.	Filing Fee is \$61.25		9. Election Carr Trust Fund C	paign Fi	inancing	<u> </u>	\$5.00 May B		Flori	ake chec da Depa	rtment of	State
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: