

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90058 005 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0791033	
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			7. Name and Address of New Registered Agent Name Rebecca L. Lehman Street Address (P.O. Box Number is Not Acceptable) 4195 57th Avenue N St. Petersburg, FL City FL Zip Code 33714		
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 <u><i>Rebecca L. Lehman</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>April 8, 2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAUGH, RICHARD 2901 62ND AVE. N SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Trustees Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lehman Rebecca 4195 57th Ave. N St. Petersburg, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEHMAN, REBECCA 4195 57TH AVE. N SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Aikens 3663 58th Ave. N #450 St. Petersburg, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAUGH, JAMES 2010-46 AVE N. SAINT PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy Degginger 7188 62nd Ave. N Pinellas Park, FL 33781	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOLTON, CAROL 3911 47TH AVE. N SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Rebecca L. Lehman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Apr. 8, 2008</u> Daytime Phone # <u>(727) 526-6240</u>		