


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **710570** (3)

1. Corporation Name

**ST. MARK'S UNITED METHODIST CHURCH OF ST. PETERS
BURG, FL, INC.**

Principal Place of Business

Mailing Address

**6801 38TH AVENUE NORTH
ST PETERSBURG FL 33710**

**6801 38TH AVENUE NORTH
ST PETERSBURG FL 33710-1421**



3. Date Incorporated or Qualified

03/22/1966

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, WILLIAM L
2333 FEATHER SOUND DR. #E101
CLEARWATER FL 34622**

81 Name

RICHARD L. JONES, JR

82 Street Address (P.O. Box Number is Not Acceptable)

4150-69TH ST. N.

83

ST. PETERSBURG

84 City

FL

85 Zip Code
33709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE **RICHARD L. JONES JR / Richard L. Jones Jr**

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

(NOTE: Registered Agent Signature required when reinstating)

1-26-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LONG, WILLIAM L	
STREET ADDRESS	2333 FEATHER SOUND DR #E101	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MC MILLIN, BETTY	
STREET ADDRESS	7288 61ST AVE. N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, DAVID	
STREET ADDRESS	12202 68TH ST	
CITY-ST-ZIP	LARGO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, DWIGHT	
STREET ADDRESS	1699 63RD ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ABELL, HARRY	
STREET ADDRESS	9246 78TH PLACE	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, MICHAEL	
STREET ADDRESS	5537 18TH AVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Jones Ch.Tr.
1.3 STREET ADDRESS	4150 69th St.N.
1.4 CITY-ST-ZIP	St. Petersburg, FL 33709-4627

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles Eloshway Tr.
2.3 STREET ADDRESS	7828 38th Ter. N.
2.4 CITY-ST-ZIP	St. Petersburg, FL 3309

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dwight Ferguson Tr.
3.3 STREET ADDRESS	1699 63rd St. N.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33710

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gloria Huber Tr.
4.3 STREET ADDRESS	7400 46th Ave. N. L.#245
4.4 CITY-ST-ZIP	St. Petersburg, FL 33709

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lew Mixell Tr
5.3 STREET ADDRESS	6735 54th Ave. N. Lot #37
5.4 CITY-ST-ZIP	St. Petersburg, FL 33709

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **RICHARD L. JONES JR / Richard L. Jones Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97

DATE

(813) 541-8194 work

(813) 347-8008 Home

Daytime Phone # 0050736

CR2E037 (9/96)