2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 710570 Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** ST. MARK'S UNITED METHODIST CHURCH OF ST. PETERS 03-15-2000 90065 004 ****61.25 Principal Place of Business Mailing Address 6801 38TH AVENUE NORTH 6801 38TH AVENUE NORTH ST PETERSBURG FLA 33710-1421 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. EEI Number 59-1534553 Not Applicable Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES, RICHARD L JR. 4150 69 ST N ST PETERSBURG FL 33709 Zip Code City FL 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 $\gamma_{\lambda_{k}^{-1}(1)})$ SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TRC TITLE Change TITLE ☐ Oelete NAME NAME JONES, RICHARD STREET ADDRESS STREET ADDRESS 4150 69 ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33709-4627 Trustee Addition ☐ Change N Delete TITLE TITLE. TR Russell Hart NAME NAME BRIAN LEGATE STREET ADDRESS 1533 55 Street N STREET ADDRESS 5901 40TH AVE N CITY-ST-ZIP CITY-ST-ZIP FL 33710 St. Petersburg, ST PETERSBURG FL 33709 X Addition TITLE Trustee Change TITLE STR Delete NAME FERGUSON, DWIGHT NAME J. Read Gwyer STREET ADDRESS STREET ADDRESS 1699 63RD ST N 8069 29th Avenue N CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33710 ST PETERSBURG FL 33710 ☐ Delete ☐ Change ☐ Addition DITLE TITLE TR NAME NAME JANICE KELLAR STREET ADDRESS STREET ADDRESS 1567 81ST ST N #6 CITY-ST-ZIP CITY-ST-ZIP St. Petersburg. Fl 33709 ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAME NAME GORMAN, RAYMOND STREET ADDRESS STREET ADDRESS 6701 35 TERR., N. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 Trustee **△**Addition Change TITLE TR Delete TITLE Gloria Huber NAME NAME **KEITH W PERRY** 7400 46th Avenue N Lot #245 STREET ADDRESS STREET ADDRESS 5741 DUNFRIES ST N CITY-ST-ZIP St. Petersburg, FL 33709 ST PETERSBURG FL 33709

12. I 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 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: Dignature and typetion rate of signing officer on Director Date Date Dayling Phone #