

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90096 031 ****61.25

DOCUMENT # 710570

1. Entity Name

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

Principal Place of Business

Mailing Address

331 38TH AVENUE NORTH
 PETERSBURG FL 33710

6801 38TH AVENUE NORTH
 ST PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1534553

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, RICHARD L JR.
4150 69 ST N
ST PETERSBURG FL 33709

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TRC** Delete
 NAME: **JONES, RICHARD**
 STREET ADDRESS: **4150 69 ST N**
 CITY-ST-ZIP: **ST PETERSBURG FL 33709-4627**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TR** Delete
 NAME: **HART, RUSSELL**
 STREET ADDRESS: **1533 55 STREET N**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33710**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TR** Delete
 NAME: **GWYER, READ J**
 STREET ADDRESS: **8069 29TH AVE N**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33710**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TR** Delete
 NAME: **EPRIGHT, BETTY**
 STREET ADDRESS: **7825 54TH AVENUE #309**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33709**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TR** Delete
 NAME: **GORMAN, RAYMOND**
 STREET ADDRESS: **6400 46TH AVENUE #319**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33709**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TR** Delete
 NAME: **HUBER, GLORIA**
 STREET ADDRESS: **7400 46TH AVE N LOT #245**
 CITY-ST-ZIP: **ST PETERSBURG FL 33709**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: *Richard L Jones Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-02 722-347-8008
 Date Daytime Phone #

CR2E037 (9/01)