


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90039 012 \*\*\*\*61.25

<b>DOCUMENT # 710570</b>					
<b>1. Entity Name</b> ST. MARK'S UNITED METHODIST CHURCH OF ST. PETERSBURG, FL, INC.					
<b>Principal Place of Business</b> 6801 38TH AVENUE NORTH ST PETERSBURG, FL 33710			<b>Mailing Address</b> 6801 38TH AVENUE NORTH ST PETERSBURG, FL 33710		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-1534553	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PLAGA, STANLEY 5584 56 WAY N. ST PETERSBURG, FL 33709			<b>7. Name and Address of New Registered Agent</b> Name <u>AL Bouchard</u> Street Address (P.O. Box Number is Not Acceptable) <u>5493 57 Ave. N.</u> City <u>St. Petersburg</u> <b>FL</b> Zip Code <u>33709</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TRC PLAGA, STANLEY 5584 56 WAY N. SAINT PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TRC AL Bouchard 5584 56 way N. St. Pete, FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TR MCCRARY, EJ 6855 38 AVE N SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TR GWYER, READ J 8069 29TH AVE N SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TR BOUCHARD, AL 3251 19TH ST N SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TR GORMAN, RAYMOND 6400 46TH AVENUE #319 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TR ROBESON, GEORGE 6260 46 AVE N ST PETERSBURG, FL 33709 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>AL Bouchard</u> <span style="float: right;">1/14/04</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Daytime Phone #</span>					