

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90076 007 ****61.25

DOCUMENT # 710570

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **STANLEY PLAGA**
Street Address (P.O. Box Number is Not Acceptable)

5584 56 WAY N.

City **ST. PETERSBURG**

FL Zip Code **33709**

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 **STANLEY PLAGA**

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

(NOT 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STANLEY PLAGA** ☒ Change ☐ Addition
NAME **5584 56 WAY N.**
STREET ADDRESS **ST. PETERSBURG, FL 33709**
CITY-ST-ZIP

TITLE **E. J. McCARRY** ☒ Change ☐ Addition
NAME **6855 38 AVE. N.**
STREET ADDRESS **ST. PETERSBURG, FL 33710**
CITY-ST-ZIP

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

TITLE **AL BOUCHARD** ☒ Change ☐ Addition
NAME **3251 19th ST. N.**
STREET ADDRESS **ST. PETERSBURG, FL 33713**
CITY-ST-ZIP

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

TITLE **George Robespierre** ☒ Change ☐ Addition
NAME **6260 46 AVE. N.**
STREET ADDRESS **ST. PETERSBURG, FL 33709**
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)