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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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(1)

ALBRIGHT UNITED METHODIST CHURCH OF ST. PETERSBU RG, FLORIDA, INC.

Principal Place of Business

Mailing Address

2750 FIFTH AVENUE NORTH

FILED Apr 14 1997 8:00am Secretary of State



2. Principal Piece of Business 2a. Mailing Address 2b. Mailing	ST. PETERSBUI		ST. PETERSBURG FL 337								
Sulle, Apt. #, etc.							3. Date Incorporated or Qual 06/11/1968	ified	3a. Da	te of Las 04/05/	1 Report 1996
Suite, Apt. #, etc. Suite, Apt. #, etc.		lace of Business				4. FEI Number 50-0760203		<u> </u>			
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City & State City & Country City & Coun		#, 8(C.				5. Certificate of Status Desire	d				
20	City & State	9				6. Election Campaign Financi	ing		\$5.0	00 May Be	
26	23		28				, ,				
MILLSPAW, EVELYN 2716 15 AVENUE NORTH ST. PETERSBURG FL 33713 62 Street Address (P.O. Box Number is Not Acceptable) 63 City FL 64 City FL 65 Zip Code 66 City FL 66 Zip Code 67 City FL 67 Zip Code 68 Z		Country	 	h	ntry	1	1				r s. 199.032,
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MILLSPAW, EVELYN 2718 15 AVENUE NORTH ST. PETERSBURG FL 33713		y. Name and Address of Curren	t Hegisterea Agent		คร	Mamo	10. Name and Address of Ne	w Keş	Jisterea A	Agent	
### ST. PETERSBURG FL 33713 ### City #FL 86 Zip Codo ### Cit	MILLODA	JUL EVELVAL		ļ							
ST. PETERSBURG FL 33713				82 Street Add			Address (P.O. Box Number is Not Acc	eptab	le)		
Section Sect				-	83						
11. Pursuant to the provisions of Socions 617.0502 and 617.1508. Florids Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hordey accept the appointment as registered agent and accept the obligations of, Socion 617.0503, Florida Statutos. SIGNATURE	OI. FEII	LNODUNO 1 L 337 10									
11. Pursuant to the provisions of Socions 617,0502 and 617,1502, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 617,0503, Florida Statutes. SIGNATURE Signature Image:					84	City			FI	85 Z	ip Code
SIGNATURE Signature, peed or printed rame of regulatival and like if application (NOTE: Regulaterical Agent algoration required when religible more printed when rel	11. Pursuant	to the provisions of Sections 617.0502	2 and 617 1508, Florida Statu	utes, the at	I	o-named	corporation submits this statement for	the p		changin	g its registered
SIGNATURE Signature, peed or printed rame of regulatival and like if application (NOTE: Regulaterical Agent algoration required when religible more printed when rel	office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of Section 617 0503. F	authorized Jorida Stat	d by utes	the corp	poration's board of directors. I hereby	accep	t the appo	ointment	as registered
NOTE: Signature, lyped on printed name of orgalisate algorithms and late if application (NOTE: Control Contr	-										
TITLE	SIGNATORE .			DTE: Registered	Age	nt signature					
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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.

THE RESIDENCE AND A CONTRACTOR