1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 714748**

1. Corporation Name

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

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2750 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713

2. Principal Place of Business

Suite, Apt. #, etc.

21

2750 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713

## FILED Apr 19, 1999 8:00 am § Secretary of State

04-19-1999 90051 045 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

06/11/1968

4. FEI Number

22		27				59-0/60203		Not A	pplicable
City & Stat	ө	City &	State			5. Certificate of Status Desired	1 7 7 7	<b>75</b> Add	
23 Zip	Country	28 Zip		Country		6. Election Campaign Financing	9.5	.00 Ma	v Bo
<del></del> '		29	30	- ·		Trust Fund Contribution	11	ided to F	
24	9. Name and Address of Current			<u>'</u>	<del></del>	10. Name and Address of New F			
· · · · · · · · · · · · · · · · · · ·	V. Haile and Address of Surferic	rtogrator ou 7		81	Name				
	, ELEVAL						1.1.3		
MILLSPAW				82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
	VENUE NORTH			83					
SI. PEIE	RSBURG FL 33713							<u> </u>	
				84	City		FI 85	Zip Coo	de
44 Dumunat	to the provisions of Sections 617.0502	and 617 1508	Florida Statutes	the above	e-named com	oration submits this statement for the	purpose of changi	na its re	gistered
<ul> <li>office or r</li> </ul>	enistered agent, or both, in the State of	f Florida. Such	i change was auth	ionzed by	the corporation	on's board of directors. I hereby accep	t the appointment	as regis	tered
agent. I a	m familiar with, and accept the obligation	ons of, Section	n 617.0503, Florida	a Statutes.	•			_	
SIGNATURE		and title if annihuate	a BIOTE D	mietered Acco	it einnature ensulee	od when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	ir si8siairsie reduire	ADDITIONS/CHANGES TO OF		ECTORS	S IN 12
TITLE	PDS	DINEOTONE	DELETE	1.1 TITLE	T		□ Ch		Addition
	MILLSPAW, EVELYN			1.2 NAME		Director		-	
NAME				1.3 STREET	AODOECC	Paulie Williams			
STREET ADDRESS	I =			1.4 CfTY-ST		913 31st Terr. NE			
CITY-ST-ZIP	ST. PETERSBURG FL		DELETE	2,1 TITLE	1-ZP	St. Petersburg, F.	1.33704□ch	ange	Addition
TITLE	MATOON IOADEI		Deceie			ber recording, r	1020,0.0.		< >
NAME	WATSON, ISABEL			2.2 NAME		-		•	المستهيد
STREET ADDRESS				2.3 STREET	1				
CITY-ST-ZIP	ST. PETERSBURG FL		□ DELETE	2. 4 CITY-S 3.1 TITLE	ST-ZIP	Director		ange	(#) Addition
TITLE	D		□ DELETE	1				ungo	- Auditori
NAME	ALTSTAETTER, BONNIE			3.2 NAME		Emma Sams			
STREET ADDRESS	*			3.3 STREET	TADORESS	4117 Queen St. N.			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4. CITY-S	IT-ZIP	St. Petersburg, F			Addition
TITLE	D		☐ DELETE	4.1 TITLE			☐ Ch	ange	Addition
NAME	DRICK, ROBERT			4.2 NAME					
STREET ADDRESS	6231 30TH AVE. N.			4.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL			4.4 CITY- S	T-ZIP				T 4 3 3141
TITLE			☐ DELETE	5.1 TITLE			□ cr	ange	Addition Addition
NAME .				5.2 NAME					
STREET ADDRESS	و د چې چې په و ړي وې			5.3 STREET					
CITY-ST-ZIP	10 11 11 11 11 11 11 11 11 11 11 11 11 1			5.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE			☐ Ch	ange	Addition Addition
NAME	智能 无一直,不是	>		6.2 NAME					
STREET ADDRESS	1 3 11-1			6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S					
14. I hereby	certify that the information supplied with	this filing doe	es not qualify for th	ne exempt	ion stated in	Section 179.07(3)(i), Florida Statutes.	further certify that	t the info	rmation

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, with all other like empowered.

Evelyn Millspaw

4-13-99

Applied For