


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90351 036 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 714748</b><br>1. Entity Name<br><b>ALBRIGHT UNITED METHODIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>2750 FIFTH AVENUE NORTH<br/>ST. PETERSBURG, FL 33713</b>   |   |   | Mailing Address<br><b>2750 FIFTH AVENUE NORTH<br/>ST. PETERSBURG, FL 33713</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                      |  |  |
| City & State   |   |   | City & State   |  |  |
| Zip  |   | Country   |  | 4. FEI Number<br><b>59-0760203</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>LUSK, J. WARREN<br/>4700 21ST STREET N<br/>SAINT PETERSBURG, FL 33714</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                          |  |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PDS<br>LUSK, J. WARREN<br>4700 S1ST STREET N.<br>SAINT PETERSBURG, FL 33714 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |  |  |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BEEBE, AGNES<br>7323 PARKSIDE VILLAS DR.<br>SAINT PETERSBURG, FL 33709 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |  |  |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DRICK, ROBERT<br>6231 30TH AVE. N.<br>ST. PETERSBURG, FL               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |  |  |
| <input checked="" type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WILLIAMS, PAULIE<br>913 31ST TERR NE<br>ST PETERSBURG, FL 33704        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |  |  |
| <input checked="" type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SAMS, EMMA<br>4117 QUEEN ST N<br>ST PETERSBURG, FL 33714               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |  |  |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |  |  |
| <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>SIGNATURE: <u>Markus Lusk</u> J. WARREN LUSK 4-24-06 (727) 244-7543</b>   |   |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |  |  |



# ATTACHMENT

## ALBRIGHT UNITED METHODIST CHURCH

2750 - 5TH Avenue, North  
ST. PETERSBURG, FLORIDA 33713

DR. GERALD D. PARTNEY, JR.  
PASTOR

813 / 327-8920

April 26, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

400 732 89  
#714748

Dear Sirs:

Please find attached the "2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT" for Albright United Methodist Church of St. Petersburg, Florida.

As you will see our corporate Board has deleted two members and added two to replace them. However, at their meeting they filled in the form by hand and it is somewhat difficult to read.

Therefore, as the Pastor, I am attaching this letter to provide you with a typed version of the names and addresses that appear on the official report form, so that you may accurately record the new information.

The names and address of the two new directors listed in Box 11 of the attached report are:

Director  
Dorothy M. Kemp  
8101 11th St. No.  
St. Petersburg, FL 33702

Director  
Leroy Myers  
7418 4th Ave. North  
St. Petersburg, FL 33710

Sincerely,



Dr. Gerald D. Partney, Jr.  
Pastor