

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:32

DOCUMENT # 715783 (7)

1. Corporation Name

ST. JAMES UNITED METHODIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business

Mailing Address

845-87TH AVE. NORTH
ST. PETERSBURG FL 33702

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ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1968** 3a. Date of Last Report **06/06/1994**

4. FEI Number **59-1555012** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, RONALD C.
5348 1ST AVE. N.
ST. PETERSBURG FL 33710**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **PANNIN, BON**
STREET ADDRESS **8436 15TH WAY, N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE **D** Change Addition
1.2 NAME **PARKS, ROGER**
1.3 STREET ADDRESS **1077 86th Av N.**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33702** Change Addition

TITLE **SD**
NAME **MARTIN, ROBERT**
STREET ADDRESS **1400 GANDY BLVD., APT. 1211**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE **D** Change Addition
2.2 NAME **PARKS, LINDA**
2.3 STREET ADDRESS **1077 36th Av N**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33702** Change Addition

TITLE **PD**
NAME **REDMAN, JUDITH**
STREET ADDRESS **10852 3RD ST., N., APT. H**
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE **D** Change Addition
3.2 NAME **KOONTZ, ROY**
3.3 STREET ADDRESS **190 92nd Av N**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33702** Change Addition

TITLE **D**
NAME **STEWART, WAYNE**
STREET ADDRESS **7115 COQUINA WAY, APT 10**
CITY-ST-ZIP **ST. PETERSBURG FL**

4.1 TITLE **D** Change Addition
4.2 NAME **GYSSELINCK, LOUIS**
4.3 STREET ADDRESS **2060 52nd Av N.**
4.4 CITY-ST-ZIP **St. Petersburg, FL 33714** Change Addition

TITLE **SD**
NAME **STODDARD, JEANNETTE**
STREET ADDRESS **3741 40TH AVE., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

5.1 TITLE **D** Change Addition
5.2 NAME **Maxey, ROBERT**
5.3 STREET ADDRESS **6934 Cedar Ridge Dr.**
5.4 CITY-ST-ZIP **Pinellas Park, FL 34665** Change Addition

TITLE **D**
NAME **ATWATER, ELWOOD**
STREET ADDRESS **538 S.W. BLVD.**
CITY-ST-ZIP **ST. PETERSBURG FL**

6.1 TITLE **D** Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 addition.

SIGNATURE: *Judith A. Redman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH A. REDMAN 2/3/95 576-3919

Title

Telephone #