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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33702845-87TH AVE. NORTH
ST. PETERSBURG FL 33702-34253. Date Incorporated or Qualified
12/31/19683a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-1555012

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKMAN, JAMES K.
300 1ST AVENUE
SUITE 500
ST. PETERSBURG FL 33701

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME HICKS, DAVID
STREET ADDRESS 1353 87TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD DELETE

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

TITLE PD DELETE

NAME REDMAN, JUDITH
STREET ADDRESS 10652 3RD ST., N., APT. H
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D DELETE

NAME GYSELINCK, LOUIS
STREET ADDRESS 2060 52ND AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D DELETE

NAME FAVIRE, CHRIS
STREET ADDRESS 5415 VENETIAN BLVD. NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D DELETE

NAME PARKS, LINDA
STREET ADDRESS 1077 86TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D TONY HOBGOOD

836 87TH AVE. N.
ST. PETERSBURG, FL 33702

D ROY KOONTZ

190 92ND AVE. N.
ST. PETERSBURG, FL 33702

D BARBARA ROSATO

1566 85TH AVE. N.
ST. PETERSBURG, FL 33702

D ROGER PARKS

1077 86TH AVE. N.
ST. PETERSBURG, FL 33702

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049897

CR2E037 (9/96)