

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715783 (7)
 1. Corporation Name
ST. JAMES UNITED METHODIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business 845-87TH AVE. NORTH ST. PETERSBURG FL 33702	Mailing Address 845-87TH AVE. NORTH ST. PETERSBURG FL 33702
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 12/31/1968
4. FEI Number 59-1555012
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HICKMAN, JAMES K. 300 1ST AVENUE SUITE 500 ST. PETERSBURG FL 33701	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 *James K. Hickman* DATE **2/16/98**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Tr <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, DAVID	1.2 NAME	Duane Perry
STREET ADDRESS	1353 87TH AVENUE NORTH	1.3 STREET ADDRESS	8100 17th Way N
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St Petersburg, FL 33702 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Tr <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT	2.2 NAME	Bill Register
STREET ADDRESS	1400 GANDY BLVD., APT. 1211	2.3 STREET ADDRESS	9500 Koger Blvd
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St Petersburg, FL 33702 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Tr Earl Good
NAME	REDMAN, JUDITH	3.2 NAME	8221 H 12th Way N
STREET ADDRESS	10852 3RD ST., N., APT. H	3.3 STREET ADDRESS	St Petersburg, FL 33702
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	PC <input type="checkbox"/> DELETE	4.1 TITLE	Tr <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, ROGER	4.2 NAME	Tony Hobgood
STREET ADDRESS	1077 88TH AVE N	4.3 STREET ADDRESS	836 87th Ave N
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St Petersburg, FL 33702
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Tr <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVIRE, CHRIS	5.2 NAME	Roy Koon tz
STREET ADDRESS	5415 VENETIAN BLVD. NE	5.3 STREET ADDRESS	190 92nd Ave N
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St Petersburg, FL 33702
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Tr Jane Block
NAME	PARKS, LINDA	6.2 NAME	8701 Bay St NE
STREET ADDRESS	1077 36TH AVENUE NORTH	6.3 STREET ADDRESS	St Petersburg, FL 33702
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I 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: *Roger Parks* DATE: **2/8/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)



St. James United Methodist Church

845 87th Avenue North
ST. PETERSBURG, FLORIDA 33702-3498
Telephone: (813) 576-3919; 576-7336

Gil Benton
Pastor

Non Profit corporation annual report

No 13 Addition

Tr
Barbars Rosato
1566 85th Ave N
St Petersburg, Fl 33702