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Feb 27, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715783

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/31/1968

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

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 James K. Hickman  
82 Street Address (P.O. Box Number is Not Acceptable)  
One Urban Centre  
83 4830 West Kennedy Boulevard  
84 City Tampa 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)

1/24/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PERRY, DUANE  
STREET ADDRESS 8100 17TH WY N  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME REGISTER, BILL  
STREET ADDRESS 9500 KOGER BLVD  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME GOOD, EARL  
STREET ADDRESS 8221 N 12TH WY N  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME HOBGOOD, TONY  
STREET ADDRESS 836 87TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME KOONTZ, BOY  
STREET ADDRESS 190 92ND AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME BLOCK, JANE  
STREET ADDRESS 8701 BAY ST NE  
CITY-ST-ZIP ST. PETERSBURG FL 33702

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME FLOYD GREEN  
1.3 STREET ADDRESS 3650 LAKE BLVD  
1.4 CITY-ST-ZIP CLEARWATER, FL 33762

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

STEPHEN C. CLOUSE  
CORPORATION SECRETARY  
1530 86th AVE N  
ST PETERSBURG, FL 33702

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, with all other like empowered.

SIGNATURE:

STEPHEN C. CLOUSE

1/27/99 (727) 576-3919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)