

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715783

1. Entity Name

ST. JAMES UNITED METHODIST CHURCH OF ST. PETERSB

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90025 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

845-87TH AVE. NORTH  
ST. PETERSBURG FL 33702-3425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1555012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HICKMAN, JAMES K.  
ONE URBAN CENTRE  
4830 W KENNEDY BLVD  
TAMPA FL~~

Name

Tony S.. Hobgood

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

836 87th Avenue North

City

St Petersburg, Fl

FL

Zip Code

33702

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TR Guynup, Harry ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 10022 12th Way North Apt 104  
CITY-ST-ZIP St Petersburg, Fl 33716

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

TITLE TR ☐ Change ☒ Addition  
NAME Girard, Val  
STREET ADDRESS 1279 86th Avenue North  
CITY-ST-ZIP St Petersburg, Fl 33702

TITLE TR ☐ Delete  
NAME GREEN, FLOYD  
STREET ADDRESS 3650 LAKE BLVD  
CITY-ST-ZIP CLEARWATER FL

TITLE TR ☐ Change ☒ Addition  
NAME Gyselinck, Lou  
STREET ADDRESS 2060 52nd Avenue North  
CITY-ST-ZIP St Petersburg, Fl 33714

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

TITLE TR ☐ Change ☒ Addition  
NAME Stevenor, Ray  
STREET ADDRESS 8705 41st St North  
CITY-ST-ZIP Pinellas Park, Fl 33782

TITLE TR ☐ Delete  
NAME KOONTZ, ROY DONNA  
STREET ADDRESS 190 92ND AVE N  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE TR ☐ Change ☒ Addition  
NAME Perry, Judith  
STREET ADDRESS 8100 17th Way North  
CITY-ST-ZIP St Petersburg, Fl 33702

TITLE TR ☐ Delete  
NAME CLOUSE, STEPHEN C  
STREET ADDRESS 1530 86TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director: Stephen C. Clouse

Date

(727) 3919

Daytime Phone #

CR2E037 (9/99)