

DOCUMENT # 715783
1. Entity Name
ST. JAMES UNITED METHODIST CHURCH OF ST. PETERSB

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90003 043 ****61.25

Principal Place of Business	Mailing Address
845-87TH AVE. NORTH ST. PETERSBURG FL 33702	845-87TH AVE. NORTH ST. PETERSBURG FL 33702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1555012	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Judie Perry 4910 BAY ST. NE #210 ST PETERSBURG FL 33703

7. Name and Address of New Registered Agent
Name JUDIE PERRY
Street Address (P.O. Box Number is Not Acceptable) 4910 BAY ST. N.E. #210
City ST. PETERSBURG
City FL Zip Code 33703

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 *Judith C Perry* - TRUSTEE CHAIRMAN JAN. 6, 2001
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS
TITLE TR NAME Judie Perry <input type="checkbox"/> Delete
STREET ADDRESS 4910 BAY ST NE #210
CITY-ST-ZIP ST. PETERSBURG FL 33702 33703
TITLE TR NAME GUYNUP, HARRY <input type="checkbox"/> Delete
STREET ADDRESS 10022 12TH WAY N, APT 104
CITY-ST-ZIP SAINT PETERSBURG FL 33716
TITLE TR NAME GREEN, FLOYD <input type="checkbox"/> Delete
STREET ADDRESS 3650 LAKE BLVD
CITY-ST-ZIP CLEARWATER FL
TITLE TR NAME HOBGOOD, TONY <input checked="" type="checkbox"/> Delete
STREET ADDRESS 836 87TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33702
TITLE TR NAME KOONTZ, ROY <input checked="" type="checkbox"/> Delete
STREET ADDRESS 190 92ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33702
TITLE TR NAME CLOUSE, STEPHEN C <input checked="" type="checkbox"/> Delete
STREET ADDRESS 1530 86TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE TR NAME RAY STEVENOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8705 41ST ST. N
CITY-ST-ZIP ST PETERSBURG FL 33702
TITLE TR NAME ROGER PARKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1077 86TH AVE N
CITY-ST-ZIP ST PETE FL 33702
TITLE TR NAME Linda PARKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS SAME-
CITY-ST-ZIP
TITLE TR NAME VAL GIRARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1279 86th Ave N
CITY-ST-ZIP ST Pete FL 33702
TITLE TR NAME Jesse Eddings <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2915 12th ST N
CITY-ST-ZIP ST Pete FL 33704
TITLE TR NAME Lou Gyselinck <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2060 52nd Ave N
CITY-ST-ZIP ST Pete 33714

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: *DIANE PERRY* **DIANE PERRY - TREASURER** JAN. 6, 2001 727-576-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #