

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90186 009 ****61.25

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|---|---|---|--|---|--|
| DOCUMENT # 715783 | | | | | |
| 1. Entity 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01102007 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-1555012 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RICHMOND, RICHARD 3651 N 106TH AVE CLEARWATER, FL 33762 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RICHMOND, RICHARD 3651 N 106TH AVE CLEARWATER, FL 33762 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR _____ _____ _____ | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR PARKS, LINDA 3650 LAKE BV CLEARWATER, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C FOX, JOAN 2001 83RD AVE, #5018 ST. PETERSBURG, FL 33702 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR CARD, STEVE 5233 SPRINGWOOD BLVD. PINELLAS PARK, FL 33782 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CARO, STEVE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR PARKS, ROGER 1097 86TH AVE N SAINT PETERSBURG, FL 33702 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR MURRAY, WAYNE 2000 GANDY BLVD, #93 ST. PETERSBURG, FL 33702 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR GYSELINCK, LOU 2060 52 AV N SAINT PETERSBURG, FL 33714 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR MARLER, MARY 415 87TH AVE. N ST. PETERSBURG, FL 33702 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR DOUCETTE, ROBERT 3775 101ST AVE. N. PINELLAS PARK, FL 33782 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Joan Fox</i> | | JOAN FOX | | 1/12/07 727-576-3419 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |