

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715783

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** ST. JAMES UNITED METHODIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1555012      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOSWORTH, LARRY  
8991 14TH ST NORTH  
SAINT PETERSBURG, FL 33702      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VC      ( ) Delete  
Name: BOSWORTH, LARRY  
Address: 8901 14TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: C      ( ) Delete  
Name: FOX, JOAN  
Address: 2001 83RD AVE SUITE 5018  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TR      ( ) Delete  
Name: CARO, STEVE  
Address: 5233 SPRINGWOOD BLVD.  
City-St-Zip: PINELLAS PARK, FL 33782

Title: T      ( ) Delete  
Name: MILLER, RICK  
Address: 1001 STARKEY RD LOT 390  
City-St-Zip: LARGO, FL 33771

Title: TR      ( ) Delete  
Name: GYSELINCK, LOU  
Address: 2060 52 AV N  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: S      ( ) Delete  
Name: MARLER, MARY  
Address: 415 87TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY BOSWORTH

MR

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date