2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 722534 1. Entity Name FIRST UNITED METHODIST CHURCH OF ST. PETERSBURG, INC.					[J J J J] 3	90053 01:	9 01	1.23
P.O. BOX 1138 P.O. BOX 1138		212 THIRD STREET NO			, .	110: 1181 1111 11:111		
2. Principal Place of Business - No P.O. Box # 3. Maili		3. Mailing Address	ailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037	(12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 59-0637842 Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desires		8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent		7. Name an	Address of Nev	w Registered Ag	ent	
ULRICH, ROBERT L 146 2ND STREET NORTH SUITE 310			Name Street Ad					
ST.PETER	RSBURG, FL 33701							
			City	FL Zip Code				
the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office or i	registered agent, or bo	oth, in the State of	Florida. I am fai	miliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	FE: Registered Agent signatur	e required when reinstating)		DATE		
SIGNATURE		9. Election Ca	mpaign Financing	\$5.00 May Added to Fees	Be F	DATE Make check p lorida Departn	•	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Ca Trust Fund (mpaign Financing	\$5.00 May Added to Fees	Se F	Make check plorida Departm	nent of St	ate
10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE VD K長秋、野木木 **19 東京東 秋冬天水東	9. Election Ca Trust Fund the ECTORS	mpaign Financing Contribution. [11. TITLE NAME STREET ADDRESS	\$5.00 May Added to Feet ADDITIONS/CH	HANGES TO OFFI	Make check plorida Departm	nent of St	ate
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-\$1-ZIP