

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727923

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: MCCABE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

2800 26TH AVENUE SOUTH  
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 26TH AVE., SOUTH  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

FEI Number: 05-4271567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, RUSSELL  
3856 NEPTUNE DR S E  
ST. PETERSBURG, FL 33705 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: P ( ) Delete  
Name: ALLEN, RUSSELL  
Address: 3856 NEPTUNE DR S E  
City-St-Zip: ST PETERSBURG, FL 33705

Title: V ( ) Delete  
Name: WILLIAMS, LEROY  
Address: 2425 GROVE ST SO  
City-St-Zip: ST PETERSBURG, FL 33705

Title: T ( ) Delete  
Name: HUDSON, ANDREA  
Address: 1938 ALMERIA WAYS  
City-St-Zip: ST PETERSBURG, FL 33712

Title: S ( ) Delete  
Name: PARKES, REGINA  
Address: 3801 WHITING DR S E  
City-St-Zip: ST PETERSBURG, FL 33705

Title: C/T ( ) Delete  
Name: HAYNES, WATSON  
Address: 6709 - 29TH SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: C/M ( ) Delete  
Name: SMITH, JR, DR. ARNETT  
Address: 4900 HYACINTH WAY  
City-St-Zip: ST. PETERSBURG, FL 33705

**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 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 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: ANDREA HUDSON

T

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date