

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90401 016 ****61.25

DOCUMENT # 727923

1. Entity Name
MCCABE UNITED METHODIST CHURCH, INC.



Principal Place of Business
**2800 26TH AVENUE SOUTH
ST. PETERSBURG, FL 33712 US**

Mailing Address
**2800 26TH AVE., SOUTH
ST. PETERSBURG, FL 33712**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006 Chg-NP CR2E037 (11/05)

4. FEI Number
05-4271567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, RUSSELL
3856 NEPTUNE DR S E
ST. PETERSBURG, FL 33705**

7. Name and Address of New Registered Agent

Name **John Schuchman**
Street Address (P.O. Box Number is Not Acceptable)
842 17th Ave S
City **ST Petersburg** FL Zip Code **33701**

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

John R. Schuchman

Trustee chair

16 April 06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, RUSSELL	
STREET ADDRESS	3856 NEPTUNE DR S E	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LEROY	
STREET ADDRESS	2425 GROVE ST SO	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUDSON, ANDREA	
STREET ADDRESS	1938 ALMERIA WAYS	
CITY-ST-ZIP	ST PETERSBURG, FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARKES, REGINA	
STREET ADDRESS	3801 WHITING DR S E	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	C/T	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, WATSON	
STREET ADDRESS	6709 - 29TH SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	C/M	<input type="checkbox"/> Delete
NAME	SMITH, JR, DR. ARNETT	
STREET ADDRESS	4900 HYACINTH WAY	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DSMS Rock	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1001 64th Ave S	
STREET ADDRESS	ST Petersburg FL 33705	
TITLE	CM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLORES BEDDEN	
STREET ADDRESS	3055 36TH AVE SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R. Schuchman	
STREET ADDRESS	11601 4th St. N 41508	
CITY-ST-ZIP	St. Pete, FL 33716	
TITLE	Dr. Henry Oliver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2942 63rd Ave S	
STREET ADDRESS	St. Pete, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

R. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

DATE

576-0167

Daytime Phone #