

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 048 ****70.00

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



08022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

SCHUCHMAN, JOHN
842 17TH AVE SOUTH
SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

10 Aug 07

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMC
ROCK, DAVID
1001 64TH AVE SOUTH
SAINT PETERSBURG, FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CM
BEDDEN, DOLORES
3055 36TH AVE SOUTH
SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHUCHMAN, JOHN R
11601 4TH ST NORTH #1508
SAINT PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PARKES, REGINA
3801 WHITING DR S E
ST PETERSBURG, FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLIVER, HENRY DR
2942 63RD AVE SOUTH
ST. PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/M
SMITH, JR, DR. ARNETT
4900 HYACINTH WAY
ST. PETERSBURG, FL 33705

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IN THIS SPACE**

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:

Rev. Dwayne J. Craig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-07 (121)867-5287

Date

Daytime Phone #