

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727923

FILED  
Feb 19, 2009  
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 (X)

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

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

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

WILLIAMS, LEROY SR.  
2425 GROVE ST. SOUTH  
SAINT PETERSBURG, FL 33705 US

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: LEROY WILLIAMS SR.

02/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CMC ( ) Delete  
Name: HARVEY, HARRY L  
Address: 943 26TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: CM ( ) Delete  
Name: BEDDEN, DOLORES  
Address: 3055 36TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: P ( ) Delete  
Name: SCHUCHMAN, JOHN R  
Address: 11601 4TH ST NORTH #1508  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D ( ) Delete  
Name: DUPREE, JANICE L  
Address: 2126 ALCAZAR WAY 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

Title: D ( ) Delete  
Name: ROBERSON, JACQUELYN  
Address: 2510 CATALONIA WAY SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

**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: LEROY WILLIAMS, SR.

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date