2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003
Secretary of State

DOCUMENT# 727923

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:

WILLIAMS, LEROY
2800 26TH AVENUE SOUTH
ST. PETERSBURG, FL 33712 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:	PD	( ) Delete
Name:	WILLIAMS, LEROY,	
Address:	2425 GROVE STREET SOUTH	
City-St-Zip:	ST PETERSBURG, FL	
Title:	V	( ) Delete
Name:	JONES, MICHAEL	
Address:	673 56TH AVENUE NORTH	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	SD	( ) Delete
Name:	SELLERS, MINNIE	
Address:	3055 36 AVENUE SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	T	( ) Delete
Name:	WILLIAMS, ANGILIQUE	
Address:	1655 66TH AVENUE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33712	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	ROBERSON, JACQUELYN Z	
Address:	2510 CATALONIA WAY S	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	S	(X) Change ( ) Addition
Name:	WILLIAMS, ANGILIQUE	
Address:	1655 66TH AVENUE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33712	
Title:	C/T	( ) Change (X) Addition
Name:	HAYNES, WATSON	
Address:	6709 - 29TH SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33712	
Title:	C/M	( ) Change (X) Addition
Name:	SMITH, JR, DR. ARNETT	
Address:	4900 HYACINTH WAY	
City-St-Zip:	ST. PETERSBURG, FL 33705	

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: DR. ARNETT SMITH JR C/D 01/17/2003

Electronic Signature of Signing Officer or Director — Date

LISA THOMAS
1655 58TH TERRACE S # 3