

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729621** (3)

1. Corporation Name

THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF ST. PETERSBURG DI

Principal Place of Business

**945-40 AVENUE NORTH
ST. PETERSBURG FL 33703**

Mailing Address

**945-40 AVENUE NORTH
ST. PETERSBURG FL 33703**



3. Date Incorporated or Qualified
05/07/1974

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1567 Highland Ave

26 1567 Highland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 No. 297

27 No. 297

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34616

25

29 34616

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REAMS, HUGH E
SUITE 1500, FLORIDA FEDERAL TOWER
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

**81 Name
Cole, Stephen**

**82 Street Address (P.O. Box Number is Not Acceptable)
400 Cleveland Street, 9th Floor**

83 Clearwater

**84 City
Clearwater**

**FL 85 Zip Code
34615**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **COUNTS, NORRIS**
STREET ADDRESS **9400 NINTH ST., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000001769840
-04/04/96--01097--008

TITLE **DS** ☐ DELETE
NAME **STEPHENSON, JOHN M.**
STREET ADDRESS **2801 EAST LAKE ROAD**
CITY-ST-ZIP **PALM HARBOR FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
*****61.25**

TITLE **DVC** ☒ DELETE
NAME **REAMS, HUGH E.**
STREET ADDRESS **SUITE 1500, FL FED TOWER**
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D/C**
3.3 STREET ADDRESS **Cole, Stephen**
3.4 CITY-ST-ZIP **400 Cleveland Street, 9th Floor**
Clearwater, FL 34615

TITLE **DT** ☐ DELETE
NAME **MAXFIELD, JAMES R**
STREET ADDRESS **945 40TH AVE. NO.**
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DT**
4.3 STREET ADDRESS **Maxfield, James R.**
4.4 CITY-ST-ZIP **1567 Highland Ave. No. 297**
Clearwater, FL 34616

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James R. Maxfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96

(813) 585-1207

Date

Daytime Phone #

CR2E037 (12/95)