

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: **21 1567 Highland Ave No. 297 Clearwater, FL 34616**
2a. Mailing Address: **26 1567 Highland Ave No. 297 Clearwater, FL 34616**

4. FEI Number: **59-1037212**
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
**REAMS, HUGH E
SUITE 1500, FLORIDA FEDERAL TOWER
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name: **Cole, Stephen**
82 Street Address (P.O. Box Number is Not Acceptable): **400 Cleveland Street, 9th Floor**
83 City: **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: *Steph Cole*

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 | COUNTS, NORRIS <input type="checkbox"/> DELETE | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: 9400 NINTH ST., N. | ST. PETERSBURG FL | 1.2 NAME: 000001769840 |
| STREET ADDRESS: ST. PETERSBURG FL | | 1.3 STREET ADDRESS: -04/04/96--01097--008 |
| CITY-ST-ZIP: ST. PETERSBURG FL | | 1.4 CITY-ST-ZIP: ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DS | STEPHENSON, JOHN M. <input type="checkbox"/> DELETE | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: 2801 EAST LAKE ROAD | | 2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: PALM HARBOR FL | | 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP: PALM HARBOR FL | | 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DVC | REAMS, HUGH E. <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: SUITE 1500, FL FED TOWER | | 3.2 NAME: Cole, Stephen |
| STREET ADDRESS: ST PETERSBURG FL | | 3.3 STREET ADDRESS: 400 Cleveland Street, 9th Floor |
| CITY-ST-ZIP: ST PETERSBURG FL | | 3.4 CITY-ST-ZIP: Clearwater, FL 34615 |
| TITLE: DT | MAXFIELD, JAMES R <input type="checkbox"/> DELETE | 4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: 945 40TH AVE. NO. | | 4.2 NAME: Maxfield, James R. |
| STREET ADDRESS: ST PETERSBURG FL | | 4.3 STREET ADDRESS: 1567 Highland Ave, No. 297 |
| CITY-ST-ZIP: ST PETERSBURG FL | | 4.4 CITY-ST-ZIP: Clearwater, FL 34616 |
| TITLE: <input type="checkbox"/> DELETE | | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <input type="checkbox"/> DELETE | | 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: <input type="checkbox"/> DELETE | | 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP: <input type="checkbox"/> DELETE | | 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <input type="checkbox"/> DELETE | | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <input type="checkbox"/> DELETE | | 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: <input type="checkbox"/> DELETE | | 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP: <input type="checkbox"/> DELETE | | 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date: **2-15-96** (813) 585-1207
Daytime Phone #

CR2E037 (12/95)