FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

729621

(3)

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

Principal Place of Business		Mailing Address		. 1 SADEN JEGIA KIRIA MININ BUND NSAN NIGI BIBKI BURIN BURN BUDIK BURIN AKAN KARIN KARI			
1567 HIGHLAND AVE		1567 HIGHLAND AVE NO. 297 CLEARWATER FL 34616-2386					
NO. 297 CLEARWATER FL 34616							
OLEANWATER (FL 34010	OLERHWATER TE OSGIO-SONO	•		3. Date Incorporated or Qualified 05/07/1974	3a. Date of Last 04/04/1	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For S9-1037212 Applied For			
21 Suite Apt # etc		Suite, Apt. #, etc.		30 1001212		Vot Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	1 1	Additional Required	
City & State		City & State		6. Election Campaign Financing			
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Country		This corporation has liability for its corporation as the stability for its corporation and its corporation are stability for its corporation and its corporation are stability for its corporation and its corporation are stability for its c		
24	25	29 30	¬ ´			Yes No	a. 100.00£,
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
			81	Name			
COLE, STEPHEN			92	Ctropt Ad	drane (D.O. Bay Number in Alet Accontals	de)	
400 CLEVELAND STREET		82 Street Ad		Street Acc	dress (P.O. Box Number is Not Acceptab	ne)	
9TH FLOOR			83		······································		
CLEARWATER FL 34615			84	City		85 Zij	o Code
						FL	
11. Pursuant I	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above	-named co	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing	its registered
agent I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Floric	ia Statutes	i ilio corpor. 3.	ations bodie of offectors, friendly acces	or the appointment t	is registered
SIGNATURE _							
	Signature, typed or printed name of registered age			per erutangia In	ulred when reinstating)	DATE DISCOVE	SEC 11.40
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
TITLE	DC COUNTS NOODS	☐ DETER	1.1 TITLE 1.2 NAME	-	•	LJ Change	, L., Aballion
NAME	COUNTS, NORRIS						
STREET ADDRESS	AT THE STATE OF TH		1.3 STREET	1			
CITY+ST-ZIP	ST. PETERSBURG FL	DELETE	1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	DS OTERNICON JOHN M	☐ DECEST	2.1 TITLE 2.2 NAME				: Auditori
NAME	STEPHENSON, JOHN M.						
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP	The state of the s		2. 4 CITY - 3	ST-ZIP		☐ Change	Addition
TITLE			3.1 TITLE	}		LI Siranga	, Madeign
NAME	COLE, STEPHEN 400 CLEVELAND STREET, 9TH FLOOR		3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS	CLEARWATER FL 34615				·		
CITY-ST-ZIP TITLE			3.4. CITY-1	51-202	· · · · · · · · · · · · · · · · · · ·	Change	e Addition
· ·			ľ			onange	, F. Hogicosi
NAME CYCLET ADDOLCC	• • • • • • • • • • • • • • • • • • •		4.2 NAME	ADDRESS			
STREET ADDRESS	OT DETECTION IN EL		43 STREET				
CITY-S1-ZIP TITLE			4.4 City-5 5.1 title	11-7IL		Change	Addition
1			5.2 NAME	1		- starty	- Ind
NAME CERTET ADDRESS	1567 HIGHLAND AVE., NO. 2	207		ADDOCCO			
STREET ADDRESS	CLEARWATER FL 34816	LØ1	5.3 STREET				
CITY-ST-ZIP TITLE	CLEANWAIGN FL 34010	DELETE	5.4 CITY - S 6.1 TITLE	1-211		Change	Addition
		₩ precit	6.2 NAME			CT Overth	- Bank Franciscott
NAME OFFICE ADDRESS			ľ	1000000			
STREET ADDRESS			6.3 STREET	ADDRESS			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1/31/97

585-1207

FILED

Feb 06 1997 8:00am

Secretary of State

Deytime Phone # 0068915

E037 (9/96)