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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 729621 (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

1567 HIGHLAND AVE  
NO. 297  
CLEARWATER FL 34616

1567 HIGHLAND AVE  
NO. 297  
CLEARWATER FL 34616-2386

3. Date Incorporated or Qualified  
05/07/1974

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, STEPHEN  
400 CLEVELAND STREET  
9TH FLOOR  
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DC  
NAME COLE, STEPHEN  
STREET ADDRESS 400 CLEVELAND STREET, 9TH FLOOR  
CITY-ST-ZIP CLEARWATER FL 34615

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DT  
NAME MAXFIELD, JAMES R  
STREET ADDRESS 1567 HIGHLAND AVE., NO. 297  
CITY-ST-ZIP CLEARWATER FL 34616

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: James R. Maxfield

1/31/97

585-1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068815

CR2E037 (9/96)