

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90001 024 ****61.25

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1. Corporation Name

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

Principal Place of Business

1567 HIGHLAND AVE
NO. 297
CLEARWATER FL 34616

Mailing Address

1543 S HIGHLAND AVE
NO 297
CLEARWATER FL 33756
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/07/1974

4. FEI Number

59-1037212

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT
1.2 NAME James, Kevin M. Sr.
1.3 STREET ADDRESS 1543 Highland Ave. S. No 297
1.4 CITY-ST-ZIP Clearwater FL 33756

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

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

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)