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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 729621

1. Corporation Name

THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS 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  DELETE  
 NAME COUNTS, NORRIS  
 STREET ADDRESS 9400 NINTH ST., N.  
 CITY-ST-ZIP ST. PETERSBURG FL

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

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

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT Change  Addition  
 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  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  Change  Addition  
 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

*Kevin M. James* 1/25/97 727-585-1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)