## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 729621**

1. Entity Name

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

Principal Place of Business	Mailing Address					
1567 HÌGHLAÑD AVE NO. 297 CLEARWATÈR' FL 34616	1543 S HIGHLAND AVE NO 297 CLEARWATER FL 33756 US					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
σαιτο, Αρτ. π, στο.	Suite, Apr. #, etc.					
City & State	City & State					

## FILED Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90102 032 \*\*\*\*61.25

Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & State  City & State  Country	CLEARWATER FL 34616		CLEARWATER FL 33756 US							
Sulfe, Apt. #, etc.  City & State  Country  Zip  Country  Signification of Status Does red   S8.75 Auditional Percent Pe	2 Principal P	Place of Business								
City & State  Ci	2. Principal Place of Business		3. Mailing Address				AND HENRY BY BY			
Zip Country Zip Country Zip Country S. Certificate of Status Deleted   \$8.75 Additional   \$8.8.75 Additional   \$8.00   \$8.75 Additional   \$8.00   \$8.00   \$8.75 Additional   \$8.00	Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		D D	O NOT WRITE IN THIS S	PACE			
Country   Coun	City & State		City & State		E0 4007040				7	
COLE, STEPHEN 400 CLEVELAND STREET STAT FLOOR  CLEARWATER F1, 34615  6. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida  SIGNATURE  Title NOW: FEE IS \$61.25  9. Libotion Campaign Financing Trust Fund Carefibilition Trust Fund Ca	Zip	Country	Zip	Country	5. Certificate of State	us Desireo III - 3	8.75 Add	ditional	1	
COLE, STEPHEN 400 CLEVELAND STREET 3TH FLOOR CLEARWATER FL 34615  City FL Zep Code		6. Name and Address of Current F		7. Name and Addre	ss of New Registered A	gent		1		
OD CLEVELAND STREET 9TH RLOOR  CLEARWATER RL 34615  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the state of Florida.  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Streample Agent Appet allows required when vertex days and a form of State Counts, NORIS  Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TIME  COUNTS, NORRIS  COUNTS, NORRIS  STRETA ADDRESS  STRE	* 7 * *			Name	Name					
CIEV FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered eigent, or both, in the state of Florida  SIGNATURE    Signature, typed or intreef name of registered agent and title it applicable.   (NOTE Registered agent, or both, in the state of Florida    Signature, typed or intreef name of registered agent and title it applicable.   (NOTE Registered agent, or both, in the state of Florida    Signature, typed or intreef name of registered agent and title it applicable.   (NOTE Registered agent)   (NOTE Registe	400 CLEVELAND STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature   File Now: FEE IS \$61.25			City		FI	Zip Code	e	1		
SIGNATURE    Signature   Signa	A The above	named entity submits this statement for	the purpose of changing its r	registered office or regi	istered agent or both in th				┨	
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FILE NOW: FEE IS \$61.25  9. Election Cambridge   S5.00 May Be Addido to Fees	SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)	DATE		<del></del>		
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12. 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		certify that the information supplied with t	his filing does not qualify for t		Section 119 07/3\/i\ Florid	la Statutes I further certifi	v that the in	formation		

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered