

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90459 012 ****61.25



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1. Entity Name

THE UNITED METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF ST.

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

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1037212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, STEPHEN
625 COURT ST. SUITE 200
CLEARWATER FL 33756

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE NAME DC COLE, STEPHEN Delete
 STREET ADDRESS 625 COURT ST. SUITE 200
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE NAME DT JAMES, KEVIN M SR Delete
 STREET ADDRESS 1543 HIGHLAND AVE. S. NO 297
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME DS Engelhardt, Charles Change Addition
 STREET ADDRESS 9530 Starkey Rd
 CITY-ST-ZIP Seminole FL 33777

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 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.

SIGNATURE:

Stephen O Cole / Stephen O. Cole
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04
 Date

727/441-8966
 Daytime Phone #