2003 NOT-FOR-PROFIT CORPORATION **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



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90172 020 ****61.25

NE TO

Principal Plac	e of Business	Mailing Address	ailing Address					
1567 HIGHLANI) AVE	1543 S HIGHLAND AVE			,	-		
NO. 297		NO 297			1			
CLEARWATER	FL 34616	CLEARWATER FL 33756					II 84841 B1811 S181	61611 1861
	,	US						<i>iì </i>
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59- 1	037212		oplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Statu	s Desired	\$8.75 Add	fitional
	6. Name and Address of Current R	ealstered Agent			7. Name and Addres	s of New Registered		
	or mains and managed or surround	-g		Name		•	-5	
00/5 01	7-m (FA)							
COLE, ST		rt St- Suite =	200	Street Address	(P.O. Box Number is Not	Acceptable)		
		at Mante a		*				
9TH FLO			į					
CLEARWA	ATER FL 34015" 33756		}	City			Zip Code	a
	• •			Oity		FL	.	·
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	red agent, or both, in the	State of Florida. I am f	amiliar with, a	and accept
the obligat	ions of registered agent.							
	;							
SIGNATURE.						• •		
old wille.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered	d Agent signature require	d when reinstating)	DATE		
		O Floation Com	anaian Fi	inanaina		Make Chast	. Dovoblo (to
, 1	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C			\$5.00 May Be	Make Check		
	•	iluşt Füllü C	OHIHDUH	OII. 🗀	Added to Fees	Florida Depart	iment of 5	nate
40	OFFICERO AND DIDE	OTODO	B 44		ADDITIONS (CHANGES	TO OCCIOEDE AND DI	DECTORS IN	10
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHANGES			
TITLE	DC NORTO NORTO	. Delete				ماست ليدييديني.	- Change	- E-Addition
NAME	COUNTS, NORRIS		NAME] :
	9400 NINTH ST., N.			ET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-	-ST-ZIP				i
TITLE	DS	☐ Delete						☐ Addition ☐
NAME	OTTOLICAIOONI IOUNI LI	□ Delefé	TITLE				☐ Change	Addition
	STEPHENSON, JOHN M.	□ Delete	TITLE NAME	ŧ.		•	☐ Change	[] Addition
STREET ADDRESS	2801 EAST LAKE ROAD	□ Deleté	NAME	ŧ.		•	☐ Change	[] Addition
STREET ADDRESS CITY-ST-ZIP	2801 EAST LAKE ROAD	□ Delete	NAME STREE			٠	Change	[] Addition
CHY-ST-ZIP	2801 EAST LAKE ROAD PALM HARBOR FL		NAME STREE CITY-	ET ADDRESS ST-ZIP		•		
CITY-ST-ZIP	2801 EAST LAKE ROAD PALM HARBOR FL DC	☐ Delete	NAME STREE CITY- TITLE	ET ADDRESS -ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME	2801 EAST LAKE ROAD PALM HARBOR FL DC COLE, STEPHEN	☐ Delete	NAME STREE CITY- TITLE NAME	ET ADDRESS -ST-ZIP	5 Court Si	t. – Suite 20	Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	2801 EAST LAKE ROAD PALM HARBOR FL DC COLE, STEPHEN 400 CLEVELAND STREET, 9TH FL	☐ Delete	NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP ET ADDRESS			Change	
CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2801 EAST LAKE ROAD PALM HARBOR FL DC COLE, STEPHEN 400 CLEVELAND STREET, 9TH FL CLEARWATER FL 84815	☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ST-ZIP C	.5 Court Si learwater		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2801 EAST LAKE ROAD PALM HARBOR FL DC COLE, STEPHEN 400 CLEVELAND STREET, 9TH FL CLEARWATER FL 64615	☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS -ST-ZIP			Change	
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CITY-ST-ZIP TITLE N/ME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2801 EAST LAKE ROAD PALM HARBOR FL DC COLE, STEPHEN 400 CLEVELAND STREET, 9TH FL CLEARWATER FL 04015 DT JAMES, KEVIN M SR 1543 HIGHLAND AVE. S. NO 297	☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS			Change	Addition
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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 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:

ifD péquired

727/441-8966