

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **733342** (0)
1. Corporation Name
**UNITED METHODIST COOPERATIVE MINISTRIES/SUNCOAST
OF THE ST. PETERSBURG DISTRICT, INC.**

Principal Place of Business Mailing Address
**MINISTRIES OF ST. PETE. DISTRICT, INC.
945 - 40TH AVE., NORTH
ST. PETERSBURG FL 33703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1975	3a. Date of Last Report 03/14/1994
4. FEI Number 59-1623437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent REAMS, HUGH E SUITE 1500, FLORIDA FEDERAL TOWER 360 CENTRAL AVENUE ST PETERSBURG FL 33701	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the 4 applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS CLAIRE MOBRAY	1.1 TITLE	DS Doris Shoptaw <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4890 BAY ST., NE, #337	1.2 NAME	690 Island Way Apt. 604
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	Clearwater, FL 34630
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MIKE BISHOP	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2177 WATER OAK DRIVE N.	2.2 NAME	Richard K. Fenlon, C.P.A.
STREET ADDRESS	CLEARWATER FL	2.3 STREET ADDRESS	5245 Central Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	D JAMES R. MAXFIELD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	945 40TH AVENUE NORTH	3.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	MD RATZLAFF, DONNA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3940 18TH AVENUE SOUTH	4.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD KELLY, PAUL M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4515 38TH AVENUE NORTH	5.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR