

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **07/21/1975** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business 2a. Mailing Address
21 1567 Highland Ave. **26 1567 Highland Ave.**

4. FEI Number **59-1623437** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 No. 297 **27 No. 297**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 Clearwater, FL **28 Clearwater, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 34616 **25** **29 34616** **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Cole, Stephen
82 Street Address (P.O. Box Number is Not Acceptable) 925 Bay Esplanade
83
84 City Clearwater FL 85 Zip Code 34630

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 *Stephen Cole* *Steph Cole* DATE **7/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOPTAW, DORIS	1.2 NAME	
STREET ADDRESS	690 ISLAND WAY, APT 604	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE BISHOP	2.2 NAME	
STREET ADDRESS	2177 WATER OAK DRIVE N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. MAXFIELD	3.2 NAME	
STREET ADDRESS	945 40TH AVENUE NORTH	3.3 STREET ADDRESS	1567 Highland Ave. No. 297
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	Clearwater, FL 34616
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATZLAFF, DONNA	4.2 NAME	
STREET ADDRESS	3940 18TH AVENUE SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, PAUL M	5.2 NAME	
STREET ADDRESS	4515 38TH AVENUE NORTH	5.3 STREET ADDRESS	4090 58th Ave N.
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	St. Petersburg, FL 33714
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENLON, RICHARD K CPA	6.2 NAME	
STREET ADDRESS	5245 CENTRAL AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	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 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **7-27-96** DAYTIME PHONE #: **813-327-7018**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)