



2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 733342 |  |
| 1. Entity Name UNITED METHODIST COOPERATIVE MINISTRIES/SUNCOAST, INC. | |

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|---|---|
| Principal Place of Business 1625 UNION STREET CLEARWATER, FL 33755 US | Mailing Address 1625 UNION STREET CLEARWATER, FL 33755 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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|---|--|
| 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. Name and Address of Current Registered Agent COLE, STEPHEN 925 BAY ESPLANDE CLEARWATER, FL 34630 | DO NOT WRITE IN THIS SPACE |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---|---------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U00000777386 01/10/08-80005-013 61.25 |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EKERS, JOHN REV 301 37TH AVENUE N ST. PETERSBURG, FL 33704 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KIEWIT, MICHELLE 5901 3RD AVENUE N ST. PETERSBURG, FL 33705 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LUCCIOLA, MARION 4091 31ST AVENUE N ST. PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FENLON, RICHARD K CPA 5245 CENTRAL AVENUE ST. PETERSBURG, FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CAMPBELL, DORIS 1219 NORWOOD AVENUE CLEARWATER, FL 33756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD RATLAFF, DONNA C 1625 UNION STREET CLEARWATER, FL 33755 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  / **Donna Ratzlaff** 1-7-08 (727) 442-6881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #