


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90130 028 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N27880 1. Corporation Name TRINITY UNITED METHODIST CHURCH OF ST. PETERSBURG, FLORIDA, INC. | | | |
| Principal Place of Business 2401 FIFTH ST. SOUTH ST. PETERSBURG FL 33705 | | Mailing Address 2401 FIFTH ST. SOUTH ST. PETERSBURG FL 33705 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 3. Date Incorporated or Qualified 08/16/1988 | | 4. FEI Number 59-0651105 | |
| 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 | |
| 9. Name and Address of Current Registered Agent HINES, J. BRADFORD 2152 14TH CIRCLE N ST. PETERSBURG FL 33713 | | 10. Name and Address of New Registered Agent 81 Name Carol Young Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 167 24th Ave. No. 83 84 City St. Petersburg FL 85 Zip Code 33704 | |
| 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 <i>Carol Young Wilson</i> DATE 5/20/99 | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | SCHERER, CLARK H., III | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2401 FIFTH STREET SOUTH | 1.2 NAME | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 1.3 STREET ADDRESS | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILL, GENE | 2.1 TITLE | |
| STREET ADDRESS | 2401 FIFTH STREET SOUTH | 2.2 NAME | |
| CITY-ST-ZIP | ST PETERSBURG FL | 2.3 STREET ADDRESS | |
| TITLE | D <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, RACHEL | 3.1 TITLE | |
| STREET ADDRESS | 2401 FIFTH STREET SOUTH | 3.2 NAME | |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.3 STREET ADDRESS | |
| TITLE | D <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, ISOLYN | 4.1 TITLE | |
| STREET ADDRESS | 2401 FIFTH STREET SOUTH | 4.2 NAME | |
| CITY-ST-ZIP | ST PETERSBURG FL | 4.3 STREET ADDRESS | |
| TITLE | D <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, DEBBIE | 5.1 TITLE | |
| STREET ADDRESS | 2401 FIFTH STREET SOUTH | 5.2 NAME | |
| CITY-ST-ZIP | ST PETE FL | 5.3 STREET ADDRESS | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAWYER, CURT | 6.1 TITLE | |
| STREET ADDRESS | 2401 FIFTH STREET SOUTH | 6.2 NAME | |
| CITY-ST-ZIP | ST PETE FL | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

727-898-1152

Daytime Phone #

CR2E037 (11/98)