2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2014
Secretary of State
CC3991181845

DOCUMENT# 706335

Entity Name: ST. LUKE'S UNITED METHODIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:

4444 FIFTH AVE NORTH
SAINT PETERSBURG, FL 33713-6299

Current Mailing Address:

4444 FIFTH AVE NORTH
SAINT PETERSBURG, FL 33713-6299 US

FEI Number: 59-0675145

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BOZEMAN, SANDY
8022 STIMIE AVENUE N
ST. PETERSBURG, FL 33710 US

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.

SIGNATURE: SANDY BOZEMAN 03/19/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VCT
Name	COLBERT, STEPHEN
Address	300 59 LANE S
City-State-Zip:	ST. PETERSBURG FL 33707

Title	T
Name	BOZEMAN, SANDY
Address	8022 STIMIE AVENUE N
City-State-Zip:	ST. PETERSBURG FL 33710

Title	T
Name	SNEAD, BARBARA
Address	1569 S HAVEN DR
City-State-Zip:	CLEARWATER FL 33764

Title	T
Name	FRYE, LARRY
Address	1226 76 STREET N
City-State-Zip:	ST. PETERSBURG FL 33710

Title	T
Name	SWARTZMILLER, DALE
Address	6237 32ND AVENUE N
City-State-Zip:	ST. PETERSBURG FL 33710

Title	T
Name	DEHAVEN, EUGENE
Address	250 65TH STREET N
City-State-Zip:	ST. PETERSBURG FL 33710

Title	T
Name	BURDICK, JILL
Address	4558 16TH AVE N
City-State-Zip:	ST. PETERSBURG FL 33713

Title	T
Name	EMMET, ROBERT
Address	6115 51ST TER N
City-State-Zip:	ST. PETERSBURG FL 33709

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDY BOZEMAN TRUSTEES CHAIR 03/19/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	T
Name	CLAUSEN, GARY
Address	4069 36TH AVE N
City-State-Zip:	ST. PETERSBURG FL 33713

Title	T
Name	LIEBER, ROBERT
Address	4315 4TH AVE N
City-State-Zip:	ST. PETERSBURG FL 33713