

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 049 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703473

1. Corporation Name
THE WINTER PARK METHODIST CHURCH, INCORPORATED

Principal Place of Business
 125 N INTERLACHEN AVE
 PO BOX 819
 WINTER PARK FL 32790

Mailing Address
 125 N INTERLACHEN AVE
 PO BOX 819
 WINTER PARK FL 32790



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	59-0674257	Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75-Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WILCOX, MARYANNE D 125 NORTH INTERLACHEN AVE. P.O. BOX 1328 WINTER PARK FL 32789				81	Name			KATHE M. SITTMANN
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	City			SAME
				84	City	FL	85	Zip Code

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 *Kathe M. Sittmann* **KATHE M. SITTMANN, FINANCE MANAGER** 6/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TC <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, RANDY	1.2 NAME	
STREET ADDRESS	1231 VIA ESTRELLA	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAND, JAY	2.2 NAME	
STREET ADDRESS	876 OLD ENGLAND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	TC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSENY, NANCY	3.2 NAME	
STREET ADDRESS	2943 DEBROCY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIPE, LYNN	4.2 NAME	
STREET ADDRESS	90 TARPON CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	4.4 CITY-ST-ZIP	
TITLE	TVC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELKEL, BILL	5.2 NAME	
STREET ADDRESS	1211 VIA CAPRI	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HARRY	6.2 NAME	MICOCCHI, DIANE
STREET ADDRESS	700 STRIDENT LANE	6.3 STREET ADDRESS	1640 OAKHURST AVE.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	WINTER PARK, FL 32789

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: *Nancy Gersen* **SIGNATURE REQUIRED** 7/8/99 407-237-463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)