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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **703804** **(5)**

1. Corporation Name

MULBERRY UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
306 NORTH CHURCH AVENUE. MULBERRY FL 33860	306 NORTH CHURCH AVENUE. MULBERRY FL 33860

3. Date Incorporated or Qualified: 03/28/1962

4. FEI Number: 59-1591125 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RIDINGS, WENDELL
3955 WALYN DRIVE
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 Wendell Ridings 1-28-98
Signature, type 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	T	☐ DELETE	1.1 TITLE	T/S	☐ Change ☐ Addition
NAME	DRIVER, RAY		1.2 NAME		
STREET ADDRESS	1205 THOAMSVILLE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	T/C	☐ Change ☐ Addition
NAME	RIDINGS, WENDELL		2.2 NAME		
STREET ADDRESS	3955 WAYLN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T/V	☐ Change ☒ Addition
NAME	STEWART, MOSELLE		3.2 NAME	George Hatch	
STREET ADDRESS	205 NE 9TH ST		3.3 STREET ADDRESS	601 NE Second Avenue	
CITY-ST-ZIP	MULBERRY FL		3.4 CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	TIPPERY, TIM		4.2 NAME	Terry Stawar	
STREET ADDRESS	4431 HOMEWOOD LANE		4.3 STREET ADDRESS	1321 Lake Miriam Drive	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHERIDAN, IRS		5.2 NAME		
STREET ADDRESS	138 10TH DRIVE N.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CROSS, LAURIE		6.2 NAME		
STREET ADDRESS	3495 PEACOCK LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Wendell Ridings 1-28-98