## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

706094

(0)

FILED Feb 24 1998 8:00am Secretary of State

PORT CHARLOTTE UNITED METHODIST CHURCH, INC.								
Principal Plac	ce of Business	Mailing Address			i indiki tabil dalih dilik Edik	SOUS BION BION BLON		JOSEF WINNEL SABEL
21075 QUESADA AVE PORT CHARLOTTE FL 33952-9541 US 21075 QUESADA AVE PORT CHARLOTTE FL 339 US US			2-9541		3. Date incorporated or Qualif 08/28/1963 i. FEI Number	ied		pplied For
	Place of Business 15 Quesada Avenue	20. Mailing Address 26 &1075 Ques	ADA AU	CHUC 5	59-1022083  6. Certificate of Status Desired	, D	\$8.75	ot Applicable Additional equired
Suite, Apt.		Suite, Apt. #, etc.		I	Election Campaign Financir     Trust Fund Contribution	ng 🔲	\$5.00 Added to	
City & Sta	Charlotte FL	City & State  28 BR+ Chaelo	tte FL	7	. Is this nonprofit corporation		associatio No	m?
Zip 24 🗦 🕏	Country 25 USA		Country 30 USA		I. This corporation owes or ha Personal Property Tax due	June 30. 🔲	Yes [	tangible No
<del></del>	9. Name and Address of Current	Registered Agent	941 11-		), Name and Address of Nev	v Registered Ag	<b>jent</b>	
			B1 Nag	Pak C	ONWAY			
	DBERSON		82 Stree	et Address (	P.O. Box Number is Not Acce	ptable)		
1	AMIAMI TRAIL		83	0143	Ventura Ave.	<del></del>		
UNIT 7	XHARLOTTE FL 33980							
PORIC	MARLUTTE PL 33900		84 Gby	OL OI	harlotte	FL	85 Zip	Code 2
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes	s the above-name	ed corporati	on submits this statement for I		hanging t	ts registered
office or	to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	Florida. Such change was au	thorized by the c	corporation's	board of directors. I hereby a	ccept the appoir	ntment as	registered
	an familiar with, any acceptane obligati					aliale	24	
SIGNATURE	Signalur, typed or printed name of registered agent	and title of policable (NOTE:	Resi Deni Registered Agent signat	ture required whe	en reinstatino)	<u> ချူခါဇ</u>	18	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND E	DIRECTOR	RS IN 12
TITLE {	P/	DELETE	1.1 TITLE	PRes	Dent .		Change	Addition
NAME \	KEN ROBERSON		1.2 NAME	JACH	r gonmay			
STREET ADDRESS	2151 TAMIAMI TRAIL		1.3 STREET ADDRES		3 Ventura Ave			
CATY-ST-ZIP	PORT CHARLOTTE FL		1.4 City-St-ZiP	PORT	Char Lotte FL	33952	/	
TITLE	🗭	☐ DELETE	2.1 TITLE	Vice	PREBIDENT		Change	Addition
NAME	STEVE GILRAY		2.2 NAME		lam Estes	_		
STREET ADDRESS	25451 KOWLOON LN		2.3 STREET ADDRESS	s   358		S+.		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	Punt		35983		
TITLE	VP.	DELETE	3.1 TITLE	Dike		L	Change	Addition
NAME	JACK DANIELSON		3.2 NAME	29W	es C Rugg			
STREET ADDRESS	2484 ROSA LN		3.3 STREET ADDRESS	s 1359	16 DRISCOU Are	•		
CITY-ST-ZIP	PUNTA GORDA FL	[7] 25.555	3.4. CITY-ST-ZIP	HP64(	Charlotte FL		<b>7</b>	
TITLE	SD HOLLS	☐ DELETE	4.1 TITLE	PiRe	ctoe	L	Change	Addition
NAME	JENNIFER MCHALE		4. 2 NAME	2 Jei	IA ARMORE			
STREET ADDRESS	23316 PAINTER AVE			S 473418	l'Day st. I Chaelotte FL	22002	,	
CITY-ST-ZIP	PT CHARLOTTE FL	DELETE	4.4 CITY-ST-ZIP					☐ Addition
TITLE	D NODNA THOMAS	☐ DETEIE	5.1 TITLE		legtarki n		_ Change	☐ Addition
NAME STREET ADDRESS	NORMA THOMAS		5.2 NAME		SE. SINCLAIR S	f c		
	500 WINDWOOD PT CHARLOTTE FL	,	5.3 STREET ADDRESS		Charlotte FL	2 20 e' >		
CITY-ST-ZIP	D D	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		CHINCLIPHE PL		Change	Addition
NAME	LEE DUFF		62 NAME	1		<b>-</b>	⊇ trimige	- FREGRICA
STREET ADDRESS	18217 WOLBRETTE CIR		6.3 STREET ADDRESS	:e				
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 City-St-Zip	~				
<b>₩111 ₩1</b> ED			■ 0.7 QUIT QUELL					

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 ennual 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 copposition 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 any trachment with an address.

SIGNATURE

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