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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 706094

1. Corporation Name
PORT CHARLOTTE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
21075 QUESADA AVE PORT CHARLOTTE FL 33952-9541 US	21075 QUESADA AVE PORT CHARLOTTE FL 33952-9541 US

2. Principal Place of Business 21 21075 QUESADA Ave. Suite, Apt. #, etc. 22 City & State 23 Port Charlotte FL Zip 24 33952 Country 25 USA	2a. Mailing Address 26 21075 QUESADA Ave. Suite, Apt. #, etc. 27 City & State 28 Port Charlotte FL Zip 29 33952 Country 30 USA	3. Date Incorporated or Qualifed 08/28/1963 4. FEI Number 59-1022083 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CONWAY, JACK
20143 VENTURA AVE
PORT CHARLOTTE FL 33952

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	CONWAY, JACK		1.2 NAME	Tom Rankin	
STREET ADDRESS	20143 VENTURA AVE		1.3 STREET ADDRESS	136 SE Sinclair St.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	VP	☐ DELETE	2.1 TITLE	D Guy Emerich	☐ Change ☑ Addition
NAME	ESTES, WILLIAM		2.2 NAME	21325 Coachman Ave	
STREET ADDRESS	338 PARAMARIBO ST		2.3 STREET ADDRESS	Port Charlotte FL 33952	
CITY-ST-ZIP	PUNTA GORDA FL 33983		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	RUGG, JAMES C		3.2 NAME	Don Nevins	
STREET ADDRESS	13596 DRISCOLL AVE		3.3 STREET ADDRESS	1419 Orlando Blvd.	
CITY-ST-ZIP	PT CHARLOTTE FL		3.4 CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	SD	☑ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	~~JENNIFER MCHALE~~		4.2 NAME	Mildred Picken	
STREET ADDRESS	~~29310 PAINTER AVE~~		4.3 STREET ADDRESS	2453 Ivanhoe St.	
CITY-ST-ZIP	~~PT CHARLOTTE FL~~		4.4 CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORMA THOMAS		5.2 NAME		
STREET ADDRESS	500 WINDWOOD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARMOUR, SHEILA		6.2 NAME		
STREET ADDRESS	4218 DAY ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jack L. Conway PRESIDENT Jack L Conway 3/11/99 941-625-4356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #