

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707796 (9)**  
1. Corporation Name  
**ONECO UNITED METHODIST CHURCH, INC.**

Principal Place of Business <b>2112 53RD AVENUE E</b> <b>BRADENTON FL 34203</b>	Mailing Address <b>P.O. BOX 908</b> <b>ONECO FL 34264</b>
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2. Principal Place of Business 21 2112-53 <sup>RD</sup> AVENUE E.	2a. Mailing Address 26 PO Box 908
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Bradenton, FL	28 City & State Oneco, FL
24 Zip 34203	25 Country USA
29 Zip 34264	30 Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1964**      3a. Date of Last Report **02/09/1996**

4. FEI Number **70-7796510**      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**

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



9. Name and Address of Current Registered Agent <b>PARENT, MARGARET W</b> <b>2219 51ST AVE E</b> <b>BRADENTON FL 34203</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PETSCHER, VERNON</b>		1.2 NAME	
STREET ADDRESS <b>2520 58TH AVE EAST</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALLIS, LEE</b>		2.2 NAME	
STREET ADDRESS <b>4003 CAPE VISTA DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARENT, MARGARET</b>		3.2 NAME	
STREET ADDRESS <b>2219 51ST AVE E.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROYAL, MAJORIE</b>		4.2 NAME	
STREET ADDRESS <b>5320 24TH CT E</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL 34203</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSS, R.</b>		5.2 NAME	
STREET ADDRESS <b>3608 34TH AVE DR W.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRADBURY, J H</b>		6.2 NAME	
STREET ADDRESS <b>4220 76TH ST W</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		6.4 CITY-ST-ZIP	

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**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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14. I do 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (4/97)