


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90069 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707796

1. Corporation Name
ONECO UNITED METHODIST CHURCH, INC.

Principal Place of Business 2112 53RD AVENUE E ONECO FL 34203	Mailing Address P.O. BOX 908 ONECO FL 34264
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2. Principal Place of Business 21 2112 53rd Ave. E. Suite, Apt. #, etc. 22 City & State 23 Bradenton, FL Zip Country 24 34203 25 Manatee	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 09/11/1964	4. FEI Number 70-7796510 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

EDISON, JERRY
 5121 8TH ST W
 BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name Schubert, Harold	82 Street Address (P.O. Box Number is Not Acceptable) 5316 53rd Avenue E.	83 Westwinds MHP N-8	84 City Bradenton, FL	85 Zip Code 34203
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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 Harold L. Schubert DATE 1/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETSCHER, VERNON	
STREET ADDRESS	2520 56TH AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLIS, LEE	
STREET ADDRESS	4003 CAPE VISTA DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PARENT, MARGARET	
STREET ADDRESS	2219 51ST AVE E.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROYAL, MAJORIE	
STREET ADDRESS	5320 24TH CT E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUBERT, HAROLD	
STREET ADDRESS	5316 53RD AVE E, N-8	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADBURY, J H	
STREET ADDRESS	4220 76TH ST W	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Jackson, Mary
4.3 STREET ADDRESS	5316 53rd Ave. E., Westwinds L-10
4.4 CITY-ST-ZIP	Bradenton, FL 34203
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Harold L. Schubert DATE: 1/21/99 941-756-5695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)