

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708397 (5)

1. Corporation Name

SUN RAY UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

316 RAYMOND AVE.
FROSTPROOF FL 33843316 RAYMOND AVE.
FROSTPROOF FL 33843-94313. Date Incorporated or Qualified
01/29/19653a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2335881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIEDLER, ELAINE M
402 CENTRAL AVE.
FROSTPROOF FL 33843

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 Elaine M. Fiedler Treasurer

1-10-97

Signature, typed 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 DT
NAME FIEDLER, ELAINE M
STREET ADDRESS 402 CENTRAL AVE.
CITY-ST-ZIP FROSTPROOF, FL 00000

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME HENDERSON, PEARL
STREET ADDRESS 501 STANLEY AVE
CITY-ST-ZIP FROSTPROOF FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME TRENCHARD, KATHLEEN
STREET ADDRESS 260 WALTER ST
CITY-ST-ZIP FROSTPROOF, FL 00000

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME STOCKARD, SR. R
STREET ADDRESS 500 US 27S LOT 112
CITY-ST-ZIP AVON PARK FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BEEBE, GORDON
STREET ADDRESS 311 RAYMOND DRIVE
CITY-ST-ZIP FROSTPROOF, FL 00000

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE P
NAME JURS, HERBERT
STREET ADDRESS 321 STANLEY AVE.
CITY-ST-ZIP FROSTPROOF FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053685

CR2E037 (9/96)