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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA 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 33843	316 RAYMOND AVE. FROSTPROOF FL 33843

3. Date Incorporated or Qualified: 01/29/1965

4. FEI Number: 59-2335881 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

FIEDLER, ELAINE M
402 CENTRAL AVE.
FROSTPROOF FL 33843

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 Elaine M Fiedler 1-3-98
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FIEDLER, ELAINE M		1.2 NAME	
STREET ADDRESS	402 CENTRAL AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, PEARL		2.2 NAME	
STREET ADDRESS	501 STANELY AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRENCHARD, KATHLEEN		3.2 NAME	
STREET ADDRESS	260 WALTER ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STOCKARD, SR. R		4.2 NAME	
STREET ADDRESS	500 US 27S LOT 112		4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FIELDER, ROBERT J		5.2 NAME	
STREET ADDRESS	402 CENTRAL AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JURS, HERBERT		6.2 NAME	
STREET ADDRESS	321 STANLEY AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Elaine M Fiedler ELAINE M Fiedler 1-3-98 1-941-635 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055749