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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 708397

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

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

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

4. FEI Number: 59-2335881 — 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

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 ______ 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	S ☒ Change ☐ Addition
NAME	HENDERSON, PEARL		2.2 NAME	HORTON EVELN
STREET ADDRESS	501 STANELY AVE		2.3 STREET ADDRESS	340 WALTER AVE
CITY-ST-ZIP	FROSTPROOF FL		2.4 CITY-ST-ZIP	FROSTPROOF FL
TITLE	D	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	TRENCHARD, KATHLEEN		3.2 NAME	WESSELER MARY LOIS
STREET ADDRESS	260 WALTER ST		3.3 STREET ADDRESS	1628 ORANGEWOOD CT.
CITY-ST-ZIP	FROSTPROOF, FL 00000		3.4 CITY-ST-ZIP	AVON PARK FL 33825
TITLE	D C	☐ 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	TR ☒ Change ☐ Addition
NAME	JURS, HERBERT		6.2 NAME	KIRBY DONALD
STREET ADDRESS	321 STANLEY AVE.		6.3 STREET ADDRESS	234 THOMAS AVE
CITY-ST-ZIP	FROSTPROOF FL		6.4 CITY-ST-ZIP	FROSTPROOF FL 33843

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: SIGNATURE REQUIRED Elaine M Fiedler ELAINE M FIEDLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)