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Apr 22 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 # **710482** **(1)**

1. Corporation Name

ST. MARK'S UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
2030 N. HWY. A-1-A INDIALANTIC FL 32903	2030 N. HWY. A-1-A INDIALANTIC FL 32903

3. Date Incorporated or Qualified: 03/08/1966

4. FEI Number: 59-0979084 ☐ 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

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

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FLORIDA CONFERENCE
1140 E. MCDONALD ST,UNITED METHODIST CHURC
LAKELAND FL 33802

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	MILLER, HYDE F		1.2 NAME	WILSON, LaVERNE	
STREET ADDRESS	580 PINETREE DR		1.3 STREET ADDRESS	1465 HWY. A1A, UNIT 502	
CITY-ST-ZIP	INDIALANTIC FL		1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	T	☒ DELETE	2.1 TITLE	TR	☐ Change ☒ Addition
NAME	TOWNSHEND, ART		2.2 NAME	TOWNSHEND, ART	
STREET ADDRESS	425 NORMANDY DR		2.3 STREET ADDRESS	425 NORMANDY DRIVE	
CITY-ST-ZIP	INDIALANTIC FL		2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAVERING, GLORIA J.		3.2 NAME		
STREET ADDRESS	871 REMSEN AVENUE NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PACE, JOYCE		4.2 NAME		
STREET ADDRESS	421 E RIVIERA BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	TR	☐ Change ☒ Addition
NAME	WILSON, VERNE		5.2 NAME	MAST, ALAN	
STREET ADDRESS	1465 HWY A1A, UNIT 502		5.3 STREET ADDRESS	1925 N. HWY. A1A	
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	S	☒ DELETE	6.1 TITLE	S/TR	☐ Change ☒ Addition
NAME	WEATHERLEY, JOHN		6.2 NAME	VAN DORIN, LOUIS	
STREET ADDRESS	116 MERCURY CT		6.3 STREET ADDRESS	310 AVENIDA DE PAZ	
CITY-ST-ZIP	INDIALANTIC FL		6.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	

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: Gloria Wavering Gloria Wavering 4/15/98 773-0721