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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **710482**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, LAVERNE		1.2 NAME		
STREET ADDRESS	1465 HWY A1A UNIT 502		1.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	2.1 TITLE	TR	☐ Change ☒ Addition
NAME	TOWNSHEND, ART		2.2 NAME	WEATHERLEY, JOHN	
STREET ADDRESS	425 NORMANDY DR		2.3 STREET ADDRESS	116 MERCURY COURT	
CITY-ST-ZIP	INDIALANTIC FL 32903		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	VP	☐ Change ☒ Addition
NAME	PACE, JOYCE		4.2 NAME	BELL, STEVE	
STREET ADDRESS	421 E RIVIERA BLVD		4.3 STREET ADDRESS	403 FLANDERS COURT	
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAST, ALAN		5.2 NAME		
STREET ADDRESS	1925 N HWY A1A		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		5.4 CITY-ST-ZIP		
TITLE	STR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VAN DORIN, LOUIS		6.2 NAME		
STREET ADDRESS	310 AVENIDA DE PAZ		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		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: SIGNATURE REQUIRED Gloria Wavering 4/26/99 407-773-0721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)