

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713363** (0)

1. Corporation Name

MIAKKA METHODIST CHURCH, INC.

Principal Place of Business

**1620 MYAKKA RD.
SARASOTA FL 34240**

Mailing Address

**1620 MYAKKA RD.
SARASOTA FL 34240-8970**3. Date Incorporated or Qualified
09/25/19673a. Date of Last Report
05/14/1996

4. FEI Number

59-2479004

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REES, DAVID W.
16011 S'WINBURN DR
SARASOTA FL 34240**

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 617.0603, 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	T	☐ DELETE
NAME	JACKSON, CINDY	
STREET ADDRESS	4387 HIDDEN RIVER RD	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	T	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	D	☒ DELETE
NAME	BROWN, MARY	
STREET ADDRESS	31355 PADDOCK PL	
CITY-ST-ZIP	MYAKKA CITY FL 34251	

2.1 TITLE	Gurt Duncan (D)	☒ Change ☒ Addition
2.2 NAME	4695 Hidden River Rd.	
2.3 STREET ADDRESS	Sarasota, FL 34240	
2.4 CITY-ST-ZIP		

TITLE	D	☐ DELETE
NAME	CARLTON, FLETA	
STREET ADDRESS	ROUTE 2 BOX 350	
CITY-ST-ZIP	SARASOTA, FL 00000	

3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	(D)	
3.3 STREET ADDRESS	30303 Clay Gully Rd.	
3.4 CITY-ST-ZIP	Sarasota, FL 34240	

TITLE	DV	☐ DELETE
NAME	HAWKINS, JAMES	
STREET ADDRESS	4225 HIDDEN RIVER RD	
CITY-ST-ZIP	SARASOTA, FL 00000	

4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	(D)	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	S	☒ DELETE
NAME	PLANK, NANCY	
STREET ADDRESS	14505 MOSSY HAMMOCK LN.	
CITY-ST-ZIP	MYAKKA CITY FL 34257	

5.1 TITLE	Milly Duncan	☒ Change ☒ Addition
5.2 NAME	4695 Hidden River Rd.	
5.3 STREET ADDRESS	Sarasota, FL 34240	
5.4 CITY-ST-ZIP		

TITLE	CP	☒ DELETE
NAME	ORTLOFF, ERIC	
STREET ADDRESS	#94 HIDDEN RIVER ROAD	
CITY-ST-ZIP	SARASOTA FL	

6.1 TITLE	James VanFleet	☐ Change ☒ Addition
6.2 NAME	4498 Hidden River Rd.	
6.3 STREET ADDRESS	Sarasota, FL 34240	
6.4 CITY-ST-ZIP		

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

4/12/97

Date

941-322-1205

Daytime Phone # 0063593

CR2E037 (9/96)