

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 MAR 27 AM 10:43

DOCUMENT # N15782 (8)

1. Corporation Name

ELLENTON UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

3607 US HWY 301 N.
ELLENTON FL 34222-2326

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ELLENTON FL 34222-2326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/10/1986** 3a. Date of Last Report **03/07/1994**

4. FEI Number **59-2753168** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOONS, HAROLD W
6710 ELLENTON GILLETTE RD #323
PALMETTO FL 34221**

81 Name **KOONS, HAROLD W.**
82 Street Address (P.O. Box Number is Not Acceptable) **4115 17th St. Ct. E**
83 **Ellenton,**
84 City **FL** 85 Zip Code **34222**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE HAROLD KOONS *Harold Koons* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **KEPPEN, KENNETH**
STREET ADDRESS **615 LEONA AVE**
CITY- ST- ZIP **ELLENTON FL**

1.1 TITLE **V** Change Addition
1.2 NAME **SHEA, LESTER**
1.3 STREET ADDRESS **323 COLONY DR. N**
1.4 CITY- ST- ZIP **ELLENTON, FL 34222**

TITLE **D**
NAME **SORG, RONALD**
STREET ADDRESS **5908 LEON DRIVE**
CITY- ST- ZIP **PALMETTO FL**

2.1 TITLE **T** Change Addition
2.2 NAME **LEONARD, ELWYN**
2.3 STREET ADDRESS **6710 ELLENTON-GILLETTE RD. #223**
2.4 CITY- ST- ZIP **PALMETTO, FL 34221**

TITLE **D**
NAME **HOPKINS, CAROL**
STREET ADDRESS **3808 PALM VIEW RD**
CITY- ST- ZIP **PALMETTO FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE **D**
NAME **SORG, RONALD**
STREET ADDRESS **5908 LEON DR.**
CITY- ST- ZIP **PALMETTO FL**

4.1 TITLE **D** Change Addition
4.2 NAME **CHRISTENSEN, ANN**
4.3 STREET ADDRESS **7504 SANCATTLE DR.**
4.4 CITY- ST- ZIP **ELLENTON, FL 34222**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME **D**
5.3 STREET ADDRESS **COLE, ROBERT**
5.4 CITY- ST- ZIP **812 CAMELLIA AVE.
ELLENTON, FL 34222**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME **D**
6.3 STREET ADDRESS **EDWARDSSEN, NORBERT**
6.4 CITY- ST- ZIP **7515 LAKE SHORE DR.
ELLENTON, FL 34222**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption limited in Section 119.07(3)(k), 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: HAROLD KOONS *Harold Koons* 3-14-95 (813) 729-6802
Signature and typed or printed name of filer or each officer or director