

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3607 US HWY 301 N.
ELLENTON FL 34222-2326

3. Date Incorporated or Qualified
07/10/1986

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2753168

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23

28

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

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOONS, HAROLD W
4115 11TH ST., CT., E
ELLENTON FL 34222**

81 Name
SHEA, LESTER
82 Street Address (P.O. Box Number is Not Acceptable)
323 COLONY DR. N
83 **ELLENTON** **34222**
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, if 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

Lester C. Shea
Signature, typed or printed name of registered agent and title if applicable

February 20, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|----------------------------------|--|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SHEA, LESTER | |
| STREET ADDRESS | 323 COLONY DR., N | |
| CITY - ST - ZIP | ELLENTON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEONARD, ELWYN | |
| STREET ADDRESS | 6710 ELLENTON-GILLETTE RD., #223 | |
| CITY - ST - ZIP | PALMETTO FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HOPKINS, CAROL | |
| STREET ADDRESS | 3808 PALM VIEW RD | |
| CITY - ST - ZIP | PALMETTO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CHRISTENSEN, ANN | |
| STREET ADDRESS | 7504 SANCastle DR | |
| CITY - ST - ZIP | ELLENTON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLE, ROBERT | |
| STREET ADDRESS | 812 CAMELLIA AVE | |
| CITY - ST - ZIP | ELLENTON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | EDWARDSSEN, NORBERT | |
| STREET ADDRESS | 7515 LAKE SHORE DR | |
| CITY - ST - ZIP | ELLENTON FL | |

| | | |
|---------------------|-----------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SHEA, LESTER | |
| 1.3 STREET ADDRESS | 323 COLONY DR. N | |
| 1.4 CITY - ST - ZIP | ELLENTON, FL | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | LAYFIELD, VIRGINIA | |
| 3.3 STREET ADDRESS | 323 LINDEN DR. | |
| 3.4 CITY - ST - ZIP | ELLENTON, FL | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | BILLINGTON, DUANE | |
| 6.3 STREET ADDRESS | 4304 LONG LAKE DR., N | |
| 6.4 CITY - ST - ZIP | ELLENTON, FL | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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:

Lester C. Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 20, 1996

(941) 729-6802

Date

Daytime Phone #

CR2E037 (12/95)