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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date Incorporated or Qualified 07/10/1986  
3a. Date of Last Report 02/26/1996

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

4. FEI Number 59-2753168 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

9. Name and Address of Current Registered Agent  
SHEA, LESTER  
323 COLONY DRIVE NORTH  
ELLENTON FL 34222

10. Name and Address of New Registered Agent  
81 Name Donald H. Snyder, Jr., CPA  
82 Street Address (P.O. Box Number is Not Acceptable) 5603 26th St. West  
83 Bradenton, FL 34207  
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 Donald H. Snyder, Jr., CPA D X *Donald H. Snyder, Jr.* x 4/28/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, LESTER	
STREET ADDRESS	323 COLONY DR., N	
CITY-ST-ZIP	ELLENTON FL	
TITLE	T	<input checked="" 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	LAYFIELD, VIRGINA	
STREET ADDRESS	323 LINDEN DRIVE	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, ANN	
STREET ADDRESS	7504 SANDCASTLE DR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLE, ROBERT	
STREET ADDRESS	812 CAMELLIA AVE	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BILLINGTON, DUANE	
STREET ADDRESS	4304 LONG LAKE DRIVE	
CITY-ST-ZIP	ELLENTON FL	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPA	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald H. Snyder, Jr.		
1.3 STREET ADDRESS	5603 26th St. West		
1.4 CITY-ST-ZIP	Bradenton, FL 34207		
2.1 TITLE	Pastor	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rev. Thomas W. Otto		
2.3 STREET ADDRESS	3607 Highway #301 North		
2.4 CITY-ST-ZIP	Ellenton, FL 34222		
3.1 TITLE	Treasurer	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Glenn M. Kinney		
3.3 STREET ADDRESS	4307 Buena Vista Dr. N.		
3.4 CITY-ST-ZIP	Ellenton, FL 34222		
4.1 TITLE	Trustee	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles E. Bracey		
4.3 STREET ADDRESS	4415 15th Street E.		
4.4 CITY-ST-ZIP	Ellenton, FL 34222		
5.1 TITLE	Finance	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Col. Harold Sockrider		
5.3 STREET ADDRESS	5700 Bayshore Rd., Lot 1000		
5.4 CITY-ST-ZIP	Palmetto, FL 34221		
6.1 TITLE	Administrative Council		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Donna J. Wheeler		
6.3 STREET ADDRESS	3716 Buena Vista Way S.		
6.4 CITY-ST-ZIP	Ellenton, FL 34222		

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: Glenn M. Kinney, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-07-97 (941) 729-6802  
Date Daytime Phone # 0062337

CR2E037 (9/96)