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**Mar 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15782 (8)
1. Corporation Name
ELLENTON UNITED METHODIST CHURCH, INC.

Principal Place of Business 3607 US HWY 301 N ELLENTON FL 34222-2326	Mailing Address 3607 US HWY 301 N ELLENTON FL 34222-2326
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3. Date Incorporated or Qualified 07/10/1986	
4. FEI Number 59-2753168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SNYDER, JR D H
5603 26TH ST WEST
BRADENTON FL 34207**

10. Name and Address of New Registered Agent
81 Name **Wheeler, Donna J.**
82 Street Address (P.O. Box Number is Not Acceptable) **3716 Buena Vista Way S.**
83 **Ellenton, FL 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, 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 **Donna J. Wheeler, Chair Church Council** *Donna Wheeler* 3-16-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPAD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, DONALD H	
STREET ADDRESS	5603 26TH ST WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTTO, THOMAS W	
STREET ADDRESS	3607 HIGHWAY #301 N	
CITY-ST-ZIP	ELLENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KINNEY, GLENN M	
STREET ADDRESS	4307 BUENA VISTA DR N	
CITY-ST-ZIP	ELLENTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRACEY, CHARLES E	
STREET ADDRESS	4415 15TH ST E	
CITY-ST-ZIP	ELLENTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOCKRIDER, HAROLD C	
STREET ADDRESS	5700 BAYSHORE RD LOT 1000	
CITY-ST-ZIP	PALMETTO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHEELER, DONNA J	
STREET ADDRESS	3716 BUENA VISTA WAY S	
CITY-ST-ZIP	ELLENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Burdette R. Parent, Jr., CPA	
1.3 STREET ADDRESS	1301 Sixth Av. W., Suite 600	
1.4 CITY-ST-ZIP	Bradenton, FL 34205-7440	
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	Finance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James H. Shepherd	
3.3 STREET ADDRESS	4128 Longlake Dr.	
3.4 CITY-ST-ZIP	Ellenton, FL 34222	
4.1 TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David D. Bukowski	
4.3 STREET ADDRESS	6 Tahitian Dr.	
4.4 CITY-ST-ZIP	Ellenton, FL 34222	
5.1 TITLE	Lay Leader	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jeff Wagar	
5.3 STREET ADDRESS	348 S. Orchid Dr.	
5.4 CITY-ST-ZIP	Ellenton, FL 34222	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 the attachment with an address.
SIGNATURE: *Glenn M. Kinney* **Glenn M. Kinney, Treasurer** 3-16-98 (941) 729-6802

CR2E037 (10/97)