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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90159 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15782

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
21		26	07/10/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number
				59-2753168
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>
				\$8.75 Additional Fee Required
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/>
				Trust Fund Contribution <input type="checkbox"/>
24. Country		29. Country		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WHEELER, DONNA J
3716 BUENA VISTA WAY S
ELLENTON FL 34222

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPAD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, BURDETTE R JR. C	1.2 NAME	D Otto, Thomas W.
STREET ADDRESS	1301 SIXTH AVE., W SUITE 600	1.3 STREET ADDRESS	3607 Highway #301 N
CITY-ST-ZIP	BRADENTON FL 34205-7440	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	F Ellenton, Fla. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, THOMAS W	2.2 NAME	
STREET ADDRESS	3607 HIGHWAY #301 N	2.3 STREET ADDRESS	Shepherd, James, H.
CITY-ST-ZIP	ELLENTON FL	2.4 CITY-ST-ZIP	
TITLE	F <input type="checkbox"/> DELETE	3.1 TITLE	4128 Longlake Dr., <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPHERD, JAMES H	3.2 NAME	Ellenton, Fla.
STREET ADDRESS	4128 LONGLAKE DR	3.3 STREET ADDRESS	C Jean Parks
CITY-ST-ZIP	ELLENTON FL 34222	3.4 CITY-ST-ZIP	37 Riverview Dr., Ellenton, Fla.
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKOWSKI, DAVID D	4.2 NAME	Bukowski, David D.
STREET ADDRESS	6 TAHITIAN DR	4.3 STREET ADDRESS	6 Tahitian Dr.
CITY-ST-ZIP	ELLENTON FL 34222	4.4 CITY-ST-ZIP	Ellenton, Fl. 34222
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGAR, JEFF	5.2 NAME	Wheeler, Donna J.
STREET ADDRESS	348 S ORCHID DR	5.3 STREET ADDRESS	3716 Beuna Vista Way
CITY-ST-ZIP	ELLENTON FL 34222	5.4 CITY-ST-ZIP	Ellenton, Fl 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, DONNA J	6.2 NAME	Maxwell, Erna
STREET ADDRESS	3716 BUENA VISTA WAY S	6.3 STREET ADDRESS	458 Sunset Cir., Ellenton. Fl
CITY-ST-ZIP	ELLENTON FL	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 617.02(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, with all other like empowered.

SIGNATURE: *Donna Wheeler* **SIGNATURE REQUIRED** 3/10/99 729-1785
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

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