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Secretary of State

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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 # N19693

1. Corporation Name

FAITH UNITED METHODIST CHURCH OF BRADENTON, INC.

Principal Place of Business

7215 1ST AVENUE WEST
 BRADENTON FL 34209-2211

Mailing Address

7215 1ST AVENUE WEST
 BRADENTON FL 34209-2211



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/16/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2774379	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CASEY, JOHN R
 6220 MANATEE AVE, W.
 BRADENTON FL 34209

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYSON, JEFF	1.2 NAME	Doug Scriven
STREET ADDRESS	213 73 ST., NW	1.3 STREET ADDRESS	116 48th St W
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, FREDERICK J.	2.2 NAME	
STREET ADDRESS	2718 37TH STREET WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELINDA, DIX	3.2 NAME	
STREET ADDRESS	3311 34 AVE, DR. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUGHERTY, RICK	4.2 NAME	Steve Potter
STREET ADDRESS	7401 2 AVE., NW	4.3 STREET ADDRESS	1205 89th St NW
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	Bradenton, FL 34209-9659
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE STANLEY	5.2 NAME	Donna Jungman
STREET ADDRESS	303 62ND ST NW	5.3 STREET ADDRESS	9604 18th Ave Cir NW
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAC, RICH	6.2 NAME	
STREET ADDRESS	1120 76 ST., NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON 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 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, with all other like empowered.

SIGNATURE: *Doug Scriven* **REQUIRED** 2/16/99 941-794-8067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)