

# 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 # **N47053** (6)

1. Corporation Name

**DAVENPORT UNITED METHODIST CHURCH, INC.**



Principal Place of Business

**28 MARKET STREET  
P.O. BOX 145  
DAVENPORT FL 33837**

Mailing Address

**28 MARKET STREET  
P.O. BOX 145  
DAVENPORT FL 33837**

3. Date Incorporated or Qualified  
**01/27/1992**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

**21 3 N. Suwannee Avenue**

**26**

4. FEI Number  
**59-6141889**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
**22 P.O. Box 145**

Suite, Apt. #, etc.  
**27**

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

City & State  
**23 Davenport FL**

City & State  
**28**

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

Zip  
**24 33837** Country  
**25 Polk**

Zip  
**29** Country  
**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, DENNIS  
28 MARKET STREET  
DAVENPORT FL 33837**

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.

**Dennis I. White**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**5/19/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D GILLETTE, SCOTT A.  
111 E. PALM  
DAVENPORT FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D LEMKAU, AURO L.  
5 EAST PALM  
DAVENPORT FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D LEMKE, IRENE  
1 CENTER CREST  
DAVENPORT FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D VILLERS, LARRY  
PO BOX 2055 NA  
DAVENPORT FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D RUST, PETER A  
15 E CYPRESS STR  
DAVENPORT FL** ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D RUST, JOHN  
P.O. BOX 465 N/A  
DAVENPORT FL** ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**D Violet Boughton  
11 West Ridge Road  
Davenport FL 33837**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Scott A. Gillette**

**5/19/96**  
Date

Daytime Phone #  
**(941) 422-3134**

CR2E037 (12/95)