

5-1-97 B-5954 C  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 May 01 1997 8:00am  
 Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # N47053 (6)**  
 1. Corporation Name  
**DAVENPORT UNITED METHODIST CHURCH, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>3 NORTH SUWANNEE AVENUE<br/>     P.O. BOX 145<br/>     DAVENPORT FL 33837<br/>     US</b> | Mailing Address<br><b>28 MARKET STREET<br/>     P.O. BOX 145<br/>     DAVENPORT FL 33836-0145</b> |
|---|---|

|                                      |                           |  |  |
|--------------------------------------|---------------------------|--|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br><b>01/27/1992</b>   | 3a. Date of Last Report<br><b>05/28/1996</b>   |
| Suite, Apt #, etc.<br>22             | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br><b>59-6141889</b>   | Applied For<br>Not Applicable  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| Zip<br>24                            | Country<br>25             | Zip<br>29  | Country<br>30  |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br><b>WHITE, DENNIS<br/>     28 MARKET STREET<br/>     DAVENPORT FL 33837</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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: *[Signature]* **Dennis I. White, Agent** 4/25/97  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>GILLETTE, SCOTT A.<br/>         111 E. PALM<br/>         DAVENPORT FL</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> DELETE<br><b>LEMKAU, AURO L.<br/>         5 EAST PALM<br/>         DAVENPORT FL</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>LEMKE, IRENE<br/>         1 CENTER CREST<br/>         DAVENPORT FL</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> DELETE<br><b>VILLERS, LARRY<br/>         PO BOX 2055 NA<br/>         DAVENPORT FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>BOUGHTON, VIOLET<br/>         11 W RIDGE RD<br/>         DAVENPORT FL</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>RUST, JOHN<br/>         P.O. BOX 465 N/A<br/>         DAVENPORT FL</b>              |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **John I. Rust, Director** 4/25/97 941-421-5434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054948

CR2E037 (9/96)