


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 19 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 # N47053 (6)
1. Corporation Name
DAVENPORT UNITED METHODIST CHURCH, INC.



Principal Place of Business 3 NORTH SUWANNEE AVENUE P.O. BOX 145 DAVENPORT FL 33837 US	Mailing Address 28 MARKET STREET P.O. BOX 145 DAVENPORT FL 33837
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3. Date Incorporated or Qualified
01/27/1992

4. FEI Number
59-6141889

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WHITE, DENNIS
28 MARKET STREET
DAVENPORT FL 33837**

10. Name and Address of New Registered Agent
81. Name **Pamela Rhodes**
82. Street Address (P.O. Box Number Is Not Acceptable)
3 North Suwannee Avenue
83.
84. City **Davenport** **FL** 85. **33837**

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 *Pamela Rhodes* **Pamela Rhodes, Pastor** **3/12/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLETTE, SCOTT A.	1.2 NAME	Virginia Wanner
STREET ADDRESS	111 E. PALM	1.3 STREET ADDRESS	332 Citrus Ridge Dr.
CITY-ST-ZIP	DAVENPORT FL	1.4 CITY-ST-ZIP	Davenport FL 33837
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMKE, IRENE	2.2 NAME	Charles Hoge
STREET ADDRESS	1 CENTER CREST	2.3 STREET ADDRESS	3700 US Hwy 17-92 N, G43
CITY-ST-ZIP	DAVENPORT FL	2.4 CITY-ST-ZIP	Davenport, FL 33837
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUGHTON, VIOLET	3.2 NAME	Larry Villers
STREET ADDRESS	11 W RIDGE RD	3.3 STREET ADDRESS	918 Holly Hill Road
CITY-ST-ZIP	DAVENPORT FL	3.4 CITY-ST-ZIP	Davenport, FL 33837
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUST, JOHN	4.2 NAME	
STREET ADDRESS	P.O. BOX 465 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Scott A. Gillette* **Scott A. Gillette Director** **3/12/98** **(941)422-8250**

CF2E037 (10/97)