

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 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 # **N48663** (1)
1. Corporation Name
CHRIST UNITED METHODIST CHURCH OF SANFORD, INC.



Principal Place of Business 408 TUCKER DR. SANFORD FL 32773		Mailing Address 408 TUCKER DR. SANFORD FL 32773		3. Date Incorporated or Qualified 04/30/1992	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 59-3136700 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STENSROM, J. LEE 100 DUBLIN DRIVE LAKE MARY FL 32746				10. Name and Address of New Registered Agent 81 Name Kaiser, Patricia J. 82 Street Address (P.O. Box Number is Not Acceptable) 145 Wood Ridge Trail 83 84 City Sanford FL 85 Zip Code 32771-8839	
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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 Patricia J. Kaiser *Chairman, Trustees Patricia J. Kaiser* 3/14/98
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	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARER, RALPH	1.2 NAME	Traudt, Gwen
STREET ADDRESS	286 COACHMAN WAY	1.3 STREET ADDRESS	882 St. Johns River Drive
CITY-ST-ZIP	SANFORD FL 32773	1.4 CITY-ST-ZIP	Sanford, FL 32773 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	STENSROM, J. LEE	2.2 NAME	
STREET ADDRESS	100 DUBLIN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CHUNAT, SUSIE	3.2 NAME	
STREET ADDRESS	1200 PINE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE	SD-CD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	KAISER, PATRICIA	4.2 NAME	
STREET ADDRESS	145 WOODRIDGE TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SPRAGUE, PAT	5.2 NAME	
STREET ADDRESS	109 WAITS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Johnson, Hazel	6.2 NAME	
STREET ADDRESS	407 Tucker Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Sanford, FL 32773	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: Patricia J. Kaiser *Patricia J. Kaiser* 3/14/98 407-322-0672

CR2E037 (10/97)