

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 N94000004458 DOCUMENT

1. Corporation Name

MONTVERDE UNITED METHODIST CHURCH, INC.

Principal Place of Business 17015 PORTER AVE. MONTVERDE FL 34756

Mailing Address PO BOX 560608

MONTVERDE FL 34756-608

FILED Mar 10, 1999 8:00 am Secretary of State

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MILES, WALTER E 17534 COUNTY RD. 455 MONTVERDE FL 34756 175 A COUNTY RD. 455 MONTVERDE FL 34756 181 Parasant to the provisions of Sections 817 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registion or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent and registered agent agent and registered			Registered Agent			10. Name and Address of New Register	ed Agent	
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 regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's beard of directors. I hereby eccept the appointment as register of the provision of Sections 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE CONTROL OF INTERPORT OF				81	Name			
MONTVERDE FL 34756 11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE IV. OFFICERS AND DIRECTORS IN DELETE IV. ST. 2P MILES, WALTER E IV. SWALTER E	MILES, W	ALTER E		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
## ADMIN PERDE FL 34/36 ## ADMIN PERDE FL 34/	17534 CC	DUNTY RD. 455						
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 regist office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.6503, Florida Statutas. SIGNATURE SIGNATUR	MONTVEF	RDE FL 34756		83				}
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12.	SIGNATURE		and life if applicable (NOTE: Pe	anietered Aner	nt slonature recuir	ed when reinstating) DATE		İ
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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.

CANSUS GALLINGE, JEAN QUARED NAME OF SIGNING OFFICER OF DIRECTOR