

FILE NOW: FILING FEE IS \$61.25

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Apr 06 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 # N97000006147 (9)
1. Corporation Name
COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC.



Principal Place of Business 128 HIGHLAND AVE LAKE COMO FL 32157	Mailing Address PO BOX 330 LAKE COMO FL 32157-0330
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3. Date Incorporated or Qualified 10/31/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

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
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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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FLEMING, EMMA
24 MILLER ST, KIRKWOOD ESTATES
POMONA PARK FL 32181**

10. Name and Address of New Registered Agent
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.

SIGNATURE _____ (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 FLORIO, CHRIS		1.2 NAME FLORIO, CHRIS	
STREET ADDRESS PO BOX 193		1.3 STREET ADDRESS PO BOX 193	
CITY-ST-ZIP LAKE COMO FL 32157-0193		1.4 CITY-ST-ZIP LAKE COMO FL 32157-0193	N/A
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LANSFORD, CHARLENE		2.2 NAME LANSFORD, CHARLENE	
STREET ADDRESS PO BOX 249		2.3 STREET ADDRESS PO BOX 249	
CITY-ST-ZIP LAKE COMO FL 32157-0249		2.4 CITY-ST-ZIP LAKE COMO FL 32157-0249	N/A
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FLEMING, EMMA		3.2 NAME FLEMING, EMMA	
STREET ADDRESS PO BOX 299		3.3 STREET ADDRESS 24 MILLER ST, KIRKWOOD ESTATES	
CITY-ST-ZIP LAKE COMO FL 32157-0299		3.4 CITY-ST-ZIP POMONA PARK FL 32181	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAYLOR, RUTH		4.2 NAME TAYLOR, RUTH	
STREET ADDRESS PO BOX 433		4.3 STREET ADDRESS PO BOX 433	
CITY-ST-ZIP LAKE COMO FL 32157-0433		4.4 CITY-ST-ZIP LAKE COMO FL 32157-0433	N/A
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KNOPP, VIRGLE		5.2 NAME KNOPP, VIRGLE	
STREET ADDRESS PO BOX		5.3 STREET ADDRESS PO BOX 433	
CITY-ST-ZIP LAKE COMO FL 32157-0188		5.4 CITY-ST-ZIP LAKE COMO FL 32157-0188	N/A
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STACK, DANNY		6.2 NAME STACK, DANNY	
STREET ADDRESS PO BOX 54		6.3 STREET ADDRESS PO BOX 54	
CITY-ST-ZIP LAKE COMO FL 32157-0054		6.4 CITY-ST-ZIP LAKE COMO FL 32157-0054	N/A

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: *Chris Florio* **March 10-1998**

CR2E037 (10/97)