

FILE NOW: FILING FEE IS \$61.25

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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006147

1. Corporation Name
COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO,
INC.

Principal Place of Business
126 HIGHLAND AVE
LAKE COMO FL 32157

Mailing Address
PO BOX 330
LAKE COMO FL 32157-0330



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1997	
21		26		4. FEI Number APPLIED FOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLEMING, EMMA 24 MILLER ST, KIRKWOOD ESTATES POMONA PARK FL 32181				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORIO, CHRIS	1.2 NAME	
STREET ADDRESS	PO BOX 193	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL 32157-0193	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSFORD, CHARLENE	2.2 NAME	
STREET ADDRESS	PO BOX 249	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL 32157-0249	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, EMMA	3.2 NAME	
STREET ADDRESS	24 MILLER ST, KIRKWOOD ESTATES	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL 32181	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RUTH	4.2 NAME	
STREET ADDRESS	PO BOX 433	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL 32157-0433	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPP, VIRGLE	5.2 NAME	
STREET ADDRESS	P. O. BOX 433	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL 32157-0188	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACK, DANNY	6.2 NAME	
STREET ADDRESS	PO BOX 54	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL 32157-0054	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/8/99 904-649-9175
Date Daytime Phone #

CR2E037 (1/1/98)