FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700006147

1. Corporation Name

COMMUNITY UNITED METHODIST CHURCH OF LAKE COMO, INC.

Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90026 017 ****61.25

			 					
Principal Place of Business Mailing Address								
126 HIGHLAND AVE PO BOX 330 LAKE COMO FL 32157 LAKE COMO FL 32157-0330			2157-0330					
}								
2. Principal F	2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
21	1 26					10/31/1997		
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number	Арр	lied For
27						APPLIED FOR		Applicable
City & StateCity & State						5. Certificate of Status Desired	\$8:75:A	
23 28							Fee Rec	`
Zip	Country					6. Election Campaign Financing	\$5.00 1	,
24	25 29 30					Trust Fund Contribution	Added to	rees.
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Regist	ereo Agent	
				"	Name			
Fleming, Emma				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
24 MILLER ST, KIRKWOOD ESTATES				83				
POMONA	A PARK FL-32181			03				
	2.7478 L 19.781			84	City		FL 85 Zip C	ode
	<u> </u>					the state of the s		naistored
11. Pursuant	t to the provisions of Sections 617.05	i02 and 617.1508, Florida e of Florida. Such change	Statutes, the all was authorized	bove- i by tl	-named corpo he corporatior	ration submits this statement for the purpo i's board of directors. I hereby accept the	se of changing its reg appointment as reg	istered
agent. I	am familiar with, and accept the oblig	ations of, Section 617.05	03, Florida Stati	ıtes.				
SIGNATURE	Street British					when reinstating) DA		
	Signature, typed or printed name of registered ag		(NOTE: Registered	Agent	signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.		ND DIRECTORS ☐ DEL		n c		ADDITIONOIS IN TIGES TO STATE	Change	Addition
TITLE	D FLORIO, CHRIS	1.2 N						
NAME	:			ADDRESS	•			
STREET ADDRESS								
CITY-ST-ZIP				TY-ST-	ZIP		☐ Change	Addition
TITLE								
NAME	LANSFORD, CHARLENE		2.2 N/		4000000		-	
STREET ADDRESS	***	•			ADORESS			
CITY-ST-ZIP	LAKE COMO FL 32157-0249			MY-ST	·ZP .		Change	☐ Addition
TITLE	- · · · · · · · · · · · · · · · · · · ·		3.1 II					
NAME	FLEMING, EMMA	CTATEC			*DDDECC			
STREET ADDRESS	1	SINIES			ADDRESS			
CITY-ST-ZIP	POMONA PARK FL 32181	□ DEL		ITY-ST	<u>- ZIP</u>		Change	Addition
TITLE	_	,	4.111 4.2N			·		_
NAME	TAYLOR, RUTH PO BOX 433		•		ADDRESS			
STREET ADDRESS	LAKE COMO FL 32157-0433							!
CITY-ST-ZIP	D LANE COMO PL 32137-0433			TY-ST-	-LIP		Change	Addition
TITLE	T	<u>ات</u> ودر	5.1 II				·······	
NAME	KNOPP, VIRGLE P. O. BOX 433				ADDRESS			
STREET ADDRESS	LAKE COMO FL 32157-0188			TY-ST-	1			
CITY-ST-ZIP	D LAKE COMO PL 32/37-0188	□ DEL			- 61		☐ Change	Addition
TITLE	1 -	LJ DEL	6.2 N/				change	
NAME	STACK, DANNY		0.210	WILL				

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

PO BOX 54

LÁKE COMO FL 32157-0054

STREET ADDRESS

CITY-ST-ZIP.