2a. Mailing Address

P.O. Box 745

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800001242

Corporation Name

2. Principal Place of Business

21

RUSKIN UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address		
105 FOURTH STREET NW	105-EQUITH-STREET-NW P	.0.	Box745

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90071 010 ****70.00



Applied For

3. Date incorporated or Qualifed

03/02/1998

Suite, Apt.	#, etc.	G. Suite, Apr. #, etc.				59-099-44-87					
22		27	27					Applicable			
City & Stat	e	City & State				I S Contitonte of Status Desired ■	\$8.75 Additional				
23		28 Ruskin, 1	uskin Fl				Fee Required				
Zip	Country	Zip	Cour	ntry			5.00 м	- 1			
24	25	29 33570	30		•	Trust Fund Contribution Added to F					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			İ	81	Name						
RIDDLE, CHARLES 2040 SAFFOLD PARK DRIVE RUSKIN FL 33570				82	82 Street Address (P.O. Box Number is Not Acceptable)						
				-							
				83 84 City 85 Zip Code							
				_	•	FL					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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											
oπice or r agent. I a	egistered agent, or both, in the State of m familian with, and accept the obligation	ons of, Section 617.0503, F	lorida Statu	ites.	ile corporati	and a sound of directors. The object of the opposition					
SIGNATURE Relief n Haspord 2-22-99											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent	signature requir	red when reinstating) DATE		0.01.40			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIT					
TITLE	PSTD	☐ DELETÉ	. 1,1 111	ſΈ		i les luche —	Change	Addition			
NAME	RIDDLE, CHARLES	RLES 1.2				Robert Haggard					
STREET ADDRESS	AND CAPPOIN DADY DE			STREET ADDRESS 6522 Solitaire Palm Way							
CITY-ST-ZIP	RUSKIN FL 33570		1.4 C/T	Y-ST	-ZIP ,	Apollo Beach, FL 33572					
TITLE	VD	⊠ DELETE	2.1 TIT	LE		V.President □ [©]	Change	▼ Addition			
NAME	TODD, GEORGE SR		2.2 NA	ME		William Karness		1			
STREET ADDRESS			2.3 ST	REET		92 8th St. NE					
CITY-ST-ZIP	RUSKIN FL 33570		2. 4 Cf	TY-ST		Ruskin Fl 33570					
TITLE	D	™ DELETE	3.1 TIT	LE.		Secretary	hange	Addition			
NAME	SICKELS, VERA		3.2 NA	ME		Charles Riddle					
STREET ADDRESS	534 S DOMINO DR		3.3 S T	REET		2040 Saffold Park Dr.					
CITY-ST-ZIP	RUSKIN FL 33570		3.4. Cf	TY-ST	r-ZIP	Ruskin, FL 33570					
TITLE	D	DELETE	4,1 TIT	J.E		11 6434161 —	Change	Addition			
NAME	STRICKLAND, PAT		4. 2 N	ME		Juline Mixon					
STREET ADDRESS			4.3 ST	REET		3412 36th Ave SE					
CITY-ST-ZIP	RUSKIN FL 33570		4.4 CП	TY-ST	-ZIP	Ruskin, FL 33570					
TITLE	D	☐ DELETE	5,1 गा			D	Change	Z Addition			
NAME	LEE, MAX		5.2 NA			Carl Anderson .					
STREET ADDRESS	2501 UNIVERSAL DR		•			202 6th Ave. SW		.			
CITY-ST-ZIP	RUSKIN FL 33570		5.4 CIT			Ruskin FL 33570					
TITLE	D	☐ DELETE	6.1 TIT	LE		D	Change	Addition			
NAME	KNISLEY, SHIRLEY		6.2 NA	ME		Sidney Munro		ļ			
STREET ADDRESS	l		6.3 ST	REET							
CITY-ST-ZIP	RUSKIN FL 33570		6.4 CF			Ruskin, FL 33370					
14 Lhoroby	partify that the information cumplied with	this filing does not qualify	for the eyes	mntic	on stated in	Section 119.07(3)(i). Florida Statutes, I further certify the	at the inf	ormation			

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 carrily 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:

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

813-645-1241

Daytime Phone #