

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-10-1999 90097 037 \*\*\*\*61.25

DOCUMENT # 735143

1. Corporation Name

CORONADO COMMUNITY UNITED METHODIST CHURCH, INC.

Principal Place of Business

201 S PENINSULA AVE  
NEW SMYRNA BEACH FL 32169-2693

Mailing Address

201 S PENINSULA AVE  
NEW SMYRNA BEACH FL 32169-2693



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/04/1976

4. FEI Number

59-1168971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, ROBERT C  
201 S PENINSULA AVE  
NEW SMYRNA BCH, FL 32169  
~~NEW SMYRNS BEACH FL 32169~~

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE PD ☒ DELETE

NAME MARSHALL, ROBERT C  
STREET ADDRESS 6986 S ATLANTIC AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE VD ☒ DELETE

NAME WOLF, ERIC  
STREET ADDRESS 810 E 17TH AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE SD ☒ DELETE

NAME STEDMAN, ALAN  
STREET ADDRESS 303 TRUDGEON STREET  
CITY-ST-ZIP NEW SMYRNA BCH, FL 00000

TITLE TD ☒ DELETE

NAME DUFF, HOWARD  
STREET ADDRESS 600 MOORING LANE  
CITY-ST-ZIP EDGEWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DAN HUGHES  
1.3 STREET ADDRESS 201 NORTH PENINSULA AVENUE  
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME JEFF CORY  
2.3 STREET ADDRESS 1342 TUMBLIN DRIVE  
2.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME FRANK ANDERSON  
3.3 STREET ADDRESS 1711 HIDEAWAY FOREST TRAIL  
3.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME VERBAL DUNCAN  
4.3 STREET ADDRESS 802 ISLAND POINT DRIVE  
4.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

DAN HUGHES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

(804) 427-5956

Daytime Phone #

CR2E037 (11/98)

0003152