


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90119 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700153

1. Corporation Name

THE MANATEE UNITED METHODIST CHURCH, INC. OF BRADENTON, FLORIDA

Principal Place of Business

315-15TH ST EAST
 BRADENTON FL 34208

Mailing Address

315-15TH ST EAST
 BRADENTON FL 34208



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		03/04/1954	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0782453	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

MIXON, WILLIAM P., JR.
 2515 26TH AVE. E.
 BRADENTON FL 34208

10. Name and Address of New Registered Agent

81	Name	Rev. Carlos R. Otero	D
82	Street Address (P.O. Box Number is Not Acceptable)	314 16th St. E.	
83	City	Bradenton, FL 34208	
84	City	Bradenton	FL
85	Zip Code	34208	

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

Rev. Carlos R. Otero
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 15, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA GLUFF	1.2 NAME	JIM COOKE
STREET ADDRESS	3603-22ND AVE. W.	1.3 STREET ADDRESS	1906 RIVERSIDE DR E.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, WILLIAM P. JR.	2.2 NAME	MARY SHULTIS
STREET ADDRESS	2515 - 26TH AVE E	2.3 STREET ADDRESS	1302 2nd AVE. E.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARING, ANN	3.2 NAME	CONNIE RODEWALD
STREET ADDRESS	4543 FERN DR	3.3 STREET ADDRESS	2315 30th Ave. Dr. E.
CITY-ST-ZIP	BRADENTON FL 34208	3.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

James S. Costa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/99

Date

Daytime Phone #

CR2E037 (11/98)