

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 FEB -7 AM 7:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 700283 (5)

1. Corporation Name

ALDRSGATE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

ATTN: BOARD OF TRUSTEES
9530 STARKEY ROAD
SEMINOLE FL 34647-2203

ATTN: BOARD OF TRUSTEES
9530 STARKEY ROAD
SEMINOLE FL 34647-2203

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/07/1960 | 3a. Date of Last Report 01/31/1994 |
| 4. FEI Number 59-1423757 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**SHERMAN, WILLIAM E
9530 STARKEY RD
SEMINOLE FL 33543**

10. Name and Address of New Registered Agent

81 Name **Charles E. Engelhardt Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
9530 Starkey Rd
83
84 City **Seminole** FL 85 Zip Code **34647**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/24/95**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | DS | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STALA, PERRY | 1.2 NAME | Stala, Peggy |
| STREET ADDRESS | 8490 75 PL N | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, JOHN | 2.2 NAME | |
| STREET ADDRESS | 8532 KUMQUAT AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROUCH, MARTHA | 3.2 NAME | |
| STREET ADDRESS | 7924 93RD ST. N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DV | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ATEN, RAY | 4.2 NAME | D |
| STREET ADDRESS | 8432 MERRIMOOR BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALM, ERIC | 5.2 NAME | DV |
| STREET ADDRESS | 8552 LANTANA DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOYD, BARBER | 6.2 NAME | Richard Hicks |
| STREET ADDRESS | 8375 PELICAN LANE | 6.3 STREET ADDRESS | 805 60th st N. Apt 121 |
| CITY-ST-ZIP | SEMINOLE FL | 6.4 CITY-ST-ZIP | St. Petersburg, FL 33710 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *[Signature]* **John C. Harris** DATE: _____