

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **01/07/1960** 3a. Date of Last Report **02/07/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number **59-1423757** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ENGELHARDT JR., CHARLES E.  
9530 STARKEY ROAD  
SEMINOLE FL 33543**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STALA, PEGGY</b>	1.2 NAME	<b>Anderson, Lee</b>
STREET ADDRESS	<b>8490 75 PL N</b>	1.3 STREET ADDRESS	<b>8514 Hollyhock Ave. N</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	1.4 CITY-ST-ZIP	<b>Largo, Fl. 34647</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, JOHN</b>	2.2 NAME	<b>Wilbur, Bob</b>
STREET ADDRESS	<b>8532 KUMQUAT AVENUE</b>	2.3 STREET ADDRESS	<b>501 116th Ave. N</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	2.4 CITY-ST-ZIP	<b>St. Petersburg, Fl. 33713</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROUCH, MARTHA</b>	3.2 NAME	
STREET ADDRESS	<b>7924 93RD ST. N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATEN, RAY</b>	4.2 NAME	
STREET ADDRESS	<b>8432 MERRIMOOR BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALM, ERIC</b>	5.2 NAME	
STREET ADDRESS	<b>8552 LANTANA DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>805 80TH ST. NORTH APT. 121</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>	6.4 CITY-ST-ZIP	

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 119.07(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: *Lee V. Anderson* PRES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 813-544-0119 Daytime Phone #

CR2E037 (12/95)