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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34647-2203ATTN: BOARD OF TRUSTEES
9530 STARKEY ROAD
SEMINOLE FL 33777-22033. Date Incorporated or Qualified
01/07/19603a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELHARDT JR., CHARLES E.
9530 STARKEY ROAD
SEMINOLE FL 33543

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, LEE	
STREET ADDRESS	8514 HOLLYHOCK AVE N	
CITY - ST - ZIP	LARGO FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JOHN	
STREET ADDRESS	8532 KUMQUAT AVENUE	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILBUR, BOB	
STREET ADDRESS	501 116TH AVE N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ATEN, RAY	
STREET ADDRESS	8432 MERRIMOOR BLVD	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HICKS, RICHARD	
STREET ADDRESS	805 60TH ST. NORTH APT. 121	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerry Brown	
1.3 STREET ADDRESS	9127 79th Ave N	
1.4 CITY - ST - ZIP	Seminole, FL 33777	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Harms	
2.3 STREET ADDRESS	9552 Joel Dr	
2.4 CITY - ST - ZIP	Seminole, FL 33777	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Don Cagle	
3.3 STREET ADDRESS	8195 Larchwood Rd	
3.4 CITY - ST - ZIP	Seminole, FL 33777	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marge Van Kirk	
4.3 STREET ADDRESS	11961 103rd St N	
4.4 CITY - ST - ZIP	Largo, FL 33773	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lida Oakley	
5.3 STREET ADDRESS	8800 Bardmoor Blvd, #13	
5.4 CITY - ST - ZIP	Largo, FL 33777	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carol Dubee	
6.3 STREET ADDRESS	9710 Parkwood Ct	
6.4 CITY - ST - ZIP	Seminole, FL 33777	

14. I do 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.

SIGNATURE:

Robert O. Herman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-97

Date

Daytime Phone # 0051853

CR2E037 (9/96)