

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700283 (5)**  
 1. Corporation Name  
**ALDRSGATE UNITED METHODIST CHURCH, INC.**



Principal Place of Business <b>ATTN: BOARD OF TRUSTEES                  9530 STARKEY ROAD                  SEMINOLE FL 34647-2203</b>	Mailing Address <b>ATTN: BOARD OF TRUSTEES                  9530 STARKEY ROAD                  SEMINOLE FL 34647-2203</b>
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3. Date Incorporated or Qualified  
**01/07/1960**

4. FEI Number  
**59-1423757**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State	27 City & State
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip	25 Country	28 Zip	30 Country
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

24  25  29  30

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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	<b>FL</b>
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 \_\_\_\_\_ (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	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, GERRY</b>	1.2 NAME	<b>TERR. LEE</b>
STREET ADDRESS	<b>9127 79TH AVE N</b>	1.3 STREET ADDRESS	<b>8996 90th Way</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	1.4 CITY-ST-ZIP	<b>SEMINOLE, FL</b>
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARMAS, BOB</b>	2.2 NAME	<b>DUBEE, CAROL</b>
STREET ADDRESS	<b>9552 JOEL DR</b>	2.3 STREET ADDRESS	<b>9710 PARKWOOD CT.</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	2.4 CITY-ST-ZIP	<b>SEMINOLE, FL</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WLBUR, BOB</b>	3.2 NAME	<b>SMITH, FAYE</b>
STREET ADDRESS	<b>501 116TH AVE N</b>	3.3 STREET ADDRESS	<b>8956 91st TERRACE N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	<b>SEMINOLE, FL</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAGLE, DON</b>	4.2 NAME	<b>GIFFORD, EVELYN</b>
STREET ADDRESS	<b>8195 LARCHWOOD RD</b>	4.3 STREET ADDRESS	<b>8408 ANNWOOD ROAD</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	4.4 CITY-ST-ZIP	<b>LARGO, FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KIRK, MARGE V</b>	5.2 NAME	<b>BRANCH, ERIC J.</b>
STREET ADDRESS	<b>11981 103RD ST N</b>	5.3 STREET ADDRESS	<b>9417 Laura Court</b>
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	<b>SEMINOLE, FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OAKLEY, LIDA</b>	6.2 NAME	<b>ARNOLD, GREGG C.</b>
STREET ADDRESS	<b>8800 BARDMOOR BLVD #13</b>	6.3 STREET ADDRESS	<b>8674 LANTANA DR.</b>
CITY-ST-ZIP	<b>LARGO FL</b>	6.4 CITY-ST-ZIP	<b>SEMINOLE, FL.</b>

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.

SIGNATURE: *Robert O. [Signature]* 3798 813-391-0218

CR2E037 (10/97)