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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90011 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 700283

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/07/1960

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETED

NAME LEE, TERRI 8996 90TH WAY SEMINOLE FL

TITLE DP DELETED

NAME HARMAS, BOB 9552 JOEL DR SEMINOLE FL

TITLE D DELETED

NAME WILBUR, BOB 501 116TH AVE N ST PETERSBURG FL

TITLE D DELETED

NAME CAGLE, DON 8195 LARCHWOOD RD SEMINOLE FL

TITLE DST DELETED

NAME DUBEE, CAROL 9710 PARKWOOD CT SEMINOLE FL

TITLE D DELETED

NAME SMITH, FAYE 8956 91ST TERR N SEMINOLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition

1.2 NAME Martin Paro 1.3 STREET ADDRESS 9530 94th Street N 1.4 CITY-ST-ZIP Seminole, FL 33777

2.1 TITLE D Change Addition

2.2 NAME Cecil Jenness 2.3 STREET ADDRESS 6895 Lafayette Blvd. 2.4 CITY-ST-ZIP Pinellas Park, FL 33781

3.1 TITLE D Change Addition

3.2 NAME Darrin Anderson 3.3 STREET ADDRESS 8655 Burning Tree Circle 3.4 CITY-ST-ZIP Seminole, FL 33777

4.1 TITLE Change Addition

4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME 6.3 STREET ADDRESS 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:

Robert O. Harris REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)