

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700619** (0)

1. Corporation Name

DANIA UNITED METHODIST CHURCH, INC.



Principal Place of Business 118 S E 1ST AVE DANIA FL 33004	Mailing Address 118 S E 1ST AVE DANIA FL 33004
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3. Date Incorporated or Qualified 03/11/1960	
4. FEI Number 59-0799898	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANNA CARL F. 4816 POLK STREET HOLLYWOOD FL 33021	
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10. Name and Address of New Registered Agent 81 Name STEVEN DALE 82 Street Address (P.O. Box Number is Not Acceptable) 6503 N OCEAN DRIVE 83 84 City DANIA 85 Zip Code FL 33004	
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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 *Steven R. Dale* **STEVEN R. DALE** DATE **4/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE VICE-CHAIRPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERTENBAUGH, DALE	1.2 NAME
STREET ADDRESS	4141 N 18 AVE	1.3 STREET ADDRESS CHARLES SQUILLACE APT. 2
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP 1720 N 17 AV, HWD FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	HILL, ANITA	2.2 NAME
STREET ADDRESS	261 S.W. 13TH ST	2.3 STREET ADDRESS
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE CHAIRPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, CARL F	3.2 NAME STEVEN DALE
STREET ADDRESS	4816 POLK STREET	3.3 STREET ADDRESS 6503 N OCEAN DR, DANIA FL 33004
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY B. HANNA	4.2 NAME
STREET ADDRESS	4816 POLK ST	4.3 STREET ADDRESS RICHARD SPARKMAN, 45 S E 6 ST
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP DANIA FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIG HINES	5.2 NAME
STREET ADDRESS	35 SE 3RD PLACE	5.3 STREET ADDRESS BOB ADAMS, 330 S E 3 TERR,
CITY-ST-ZIP	DANIA FL	5.4 CITY-ST-ZIP DANIA FL 33004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE
NAME	MARY STAUFENBERGER	6.2 NAME
STREET ADDRESS	927 N 16TH COURT	6.3 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL	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.

SIGNATURE: *Anita Hill* **ANITA HILL** DATE **4-27-98** **754-921-2881**