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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 701015

1. Corporation Name
CHURCH OF THE ISLES, UNITED CHURCH OF CHRIST, IN C.

* 4 8 3 7 8 2 *
403702 - 90187 - 13

Principal Place of Business
~~2408 BAY BLVD~~ 200 24th AVE.
~~INDIAN ROCKS BCH FL 34635~~
33785

Mailing Address
~~2408 BAY BLVD~~ 200 24th AVE
~~INDIAN ROCKS BCH FL 34635~~
33785

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/27/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0917274 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WALKER, PATRICIA A.
~~HORTON, ALBERT C~~
~~2408 BAY BLVD~~ 200 24TH AVENUE
INDIAN ROCKS BCH. FL ~~34635~~
33785

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 Patricia A. Walker — 5-12-99
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	PD	☒ DELETE	1.1 TITLE PD	PATRICIA A. WALKER	☒ Change ☐ Addition
NAME	HORTON, ALBERT C		1.2 NAME		
STREET ADDRESS	2408 BAY BLVD.		1.3 STREET ADDRESS	200 24TH AVENUE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	V	☒ DELETE	2.1 TITLE V	YVONNE BOSS	☒ Change ☐ Addition
NAME	HERZOG, CLAIRE		2.2 NAME		
STREET ADDRESS	2408 BAY BLVD		2.3 STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP	INDIAN ROCKS BCH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE SD	JUDY A SEXTON	☒ Change ☐ Addition
NAME	HEWITT, CAROL E.		3.2 NAME		
STREET ADDRESS	2408 BAY BLVD.		3.3 STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE TD	ALBERT C HORTON	☒ Change ☐ Addition
NAME	WALKER, PATRICIA A.		4.2 NAME		
STREET ADDRESS	2408 BAY BLVD		4.3 STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP	INDIAN ROCKS BCH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ~~Albert C Horton~~ REQUESTED BY ALBERT C HORTON 4/19/99 (727) 595-1038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #