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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

701998

(7)

ALOMA UNITED METHODIST CHURCH, INC.

Principal Place of Business		Mailing Address				I CANDITA INNII MAINE ERALE INCHE ISENII	IBIN DIBIN QUAN BIBIK BIBIN DIBIN BIBIN IBBU
ALOMA UNITED METHODIST CHURCH 3045 ALOMA AYENUE WINTER PARK FL 32792		ALOMA UNITED METHODIST CHURCH 3045 ALOMA AVENUE WINTER PARK FL 32792-3702					
		VIIII I I I I I I I I I I I I I I I I I	02702 0102			3. Date Incorporated or Qualified 02/08/1961	3a. Date of Last Report 04/17/1996
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-6046991	Not Applicable
Sulte, Apt. #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing	
23]		28				Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	4		8. This corporation has liability for		
24	25	29	30			Florida Statutes Yes X No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered Agent
				81	Name		
	I, WALTER B.		82 Street Add		Street Ad	dress (P.O. Box Number is Not Acceptable)	
3045 ALOMA AVE				-			<u></u>
WINTER	PARK FL 32792			83	1		
				84	City		85 Zip Code
11 Durouant	to the provisions of Sections 617.0	502 and 617 1508. Florid	t satutet2 ch	he above	named co	rporation submits this statement for the p	Urnose of changing its registered
office or r	registered agent, or both, in the Sta ign familiar with, and accept the ob-	ite of Etorida. Such char	ide was autho	orized by	the corpor.	ation's board of directors. I hereby acce	pt the appointment as registered
	<i>[</i>	igations of, Section 517.	.0505, Fiorida	i Siaiujes	>.		
SIGNATURE (	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Reg	gistered Age	ent signature req	u'red when reinstaling)	DATE
12.	OFFICERS A	ND DIRECTORS		18.		ADDITIONS/CHANGES TO OFFICE	
TITLE	TD	L DI	DELETE 1.1		ľ		Change Addition
NAME	KELLY, MYRA			1.2 NAME			
STREET ADDRESS	2418 TIOGA TRAIL		ļ	1.3 STREET ADDRESS			
CMY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP			
TITLE	PD			2.1 TITLE			Change Addition
NAME	PATTON, WALTER B			2.2 NAME			
STREET ADDRESS		01 BERWICK DR			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINTER PARK FL	PL DELETE		2. # CITY-5 3.1 TITLE	ST-ZIP		Change Addition
NAME	VD   Rader, John L			3.2 NAME	-		FT GUINNING FT MONORE
STREET ADDRESS	3307 BALSAM DR			3.3 STREET	ADDRESS		
CITY-ST-ZIP	WINTER PARK FL			3.4. CITY - 9			
TITLE	D D			4.1 TITLE	21 411		Change Addition
NAME	TURNER, CHARLES T.	_		4. 2 NAME	}		
STREET ADDRESS	1860 KEWANEE TRAIL				ADDRESS		
CITY-ST-ZIP	FERN PARK FL 32730			4.4 CITY - S	1		
TITLE	D			5.1 TITLE			Change Addition
NAME	EMBREE, DONNA		1	5.2 NAME	\		
STREET ADDRESS	2538 EASTBROOK BLVD		,	5.3 STREET	ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		5.4 CITY - ST - ZIP				
TITLE			6.1 TITLE			Change Addition	
NAME	SHAW, THERESA		1	6.2 NAME	Ì		
STREET ADDRESS	4419 FORFI AND PLACE			6.3 STREET	ADDRESS		

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 LOUISION CONTROL OUTER

CITY-ST-ZIP

22E037 (9/06)

**FILED** 

May 09 1997 8:00am

Secretary of State