


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90028 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702017**

1. Corporation Name  
**PINE CASTLE METHODIST CHURCH INC**

Principal Place of Business ATTENTION - FINANCIAL SECRETARY 731 EAST FAIRLANE AVENUE ORLANDO FL 32809	Mailing Address ATTENTION - FINANCIAL SECRETARY 731 EAST FAIRLANE AVENUE ORLANDO FL 32809
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/17/1970
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	4. FEI Number 59-0816459
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent SIGRIST, ROBERT 3821 GATLIN RIDGE DRIVE ORLANDO FL 32812	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIEHL, CHARLES	1.2 NAME	MC LEOD, SR., JOHN
STREET ADDRESS	718 NANA AVE	1.3 STREET ADDRESS	4236 QUANDO DRIVE
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	ORLANDO, FL 32812-2849
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGRIST, ROBERT	2.2 NAME	SIGRIST, ROBERT
STREET ADDRESS	3821 GATLIN RIDGE DRIVE	2.3 STREET ADDRESS	3821 GATLIN RIDGE DRIVE
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPARKS, SANDRA	3.2 NAME	WILSON, PAULLY
STREET ADDRESS	2347 BAYSWATER CT	3.3 STREET ADDRESS	849 KEATS AVENUE
CITY-ST-ZIP	ORLANDO FL 32837	3.4 CITY-ST-ZIP	ORLANDO, FL 32809-6459
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARRIGOTIA, ERIC	4.2 NAME	
STREET ADDRESS	6781 SCIMITAR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SIGRIST APRIL 29, 1999 (407) 438-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)