

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 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 # **703285** (7)

1. Corporation Name

CASON UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
342 NORTH SWINTON AVE. DELRAY BEACH FL 33444	342 NORTH SWINTON AVE. DELRAY BEACH FL 33444

3. Date Incorporated or Qualified

12/04/1961

4. FEI Number

59-6031865

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, MORGAN J
8371 LONGMEADOW CIRCLE
BOYNTON BEACH FL 33436**

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PT
OVERMAN, RICHARD
320 S OCEAN BLVD APT VP
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD
NOLT, RON
611 SW 1 CT
BOYNTON BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TD
JUNGHANS, DAVID
3127 LAKEVIEW BLVD
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SD
SHELNUT, JEFF
721 ENFIELD RD
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** **PRESIDENT** ☒ Change ☐ Addition

DAVID JUNGHANS
3127 LAKEVIEW BLVD
DELRAY BEACH, FL 33445

2.1 TITLE **VD** **VICE PRESIDENT** ☒ Change ☐ Addition

JOHN MORRISON
214 BEVERLY DRIVE
DELRAY BEACH, FL 33444

3.1 TITLE **TD** **TREASURER** ☒ Change ☐ Addition

DEBRA BRENNER
2522 AVENUE AU SOLEIL
GULFSTREAM, FL 33483

4.1 TITLE **SD** **SECRETARY** ☒ Change ☐ Addition

JAY STRAUGHAN
129 BUTTWOOD CIRCLE
BOYNTON BEACH, FL 33436

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Morgan J Wright
7 Morgan Wright

3.19.98

561.276.5302

CR2E037 (10/97)