

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

**FILED**

**Mar 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709029 (3)**  
 1. Corporation Name  
**FRIENDSHIP UNITED METHODIST CHURCH, INC.**



Principal Place of Business <b>12275 PARAMOUNT DR. PUNTA GORDA FL 33955</b>	Mailing Address <b>PO BOX 511317 PUNTA GORDA FL 33951 US</b>
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3. Date Incorporated or Qualified <b>05/26/1965</b>		
4. FEI Number <b>59-1863262</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**REV RONALD DE GENARO JR.  
 439 SCARLET SAGE  
 PUNTA GORDA FL 33955**

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 **RONALD DE GENERO JR. - MINISTER** *Ronald De Genaro Jr.* **March 5/1998**  
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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARMON, GUY</b>	1.2 NAME	<b>FLETCHER, KENNETH</b>
STREET ADDRESS	<b>2810 CAMELLIA TERR.</b>	1.3 STREET ADDRESS	<b>27990 LEATHERWOOD DR</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	1.4 CITY-ST-ZIP	<b>GUNTA GORDA FL 33950</b>
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUFF, OMAR</b>	2.2 NAME	<b>HILLENBURG, MARY LOU</b>
STREET ADDRESS	<b>28082 SENATOR DR.</b>	2.3 STREET ADDRESS	<b>3415 ALLAPATCHEE DR</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	2.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COPELAND, KENNETH</b>	3.2 NAME	<b>SEIBERT, DORIS</b>
STREET ADDRESS	<b>701 AQUI ESTA BOX 59</b>	3.3 STREET ADDRESS	<b>23350 CORRINE AVE.</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	3.4 CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33980</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLICK, HANK</b>	4.2 NAME	
STREET ADDRESS	<b>24300 AIRPORT RD. #101</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARMON, CARL</b>	5.2 NAME	
STREET ADDRESS	<b>3101 PALM DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VREELAND, BLANCHE</b>	6.2 NAME	
STREET ADDRESS	<b>1105 LUCIA DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	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 **H. P. GLICK - TREASURER** *H. P. Glick* **3/3/98**

CR2E037 (1097)