


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710007 (6) 1. Corporation Name THE UNION STREET UNITED METHODIST CHURCH, INC.					
Principal Place of Business 1625 UNION STREET CLEARWATER FL 34615			Mailing Address 1625 UNION STREET CLEARWATER FL 34615		
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		3. Date Incorporated or Qualified 12/06/1965 4. FEI Number 59-6072704 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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 type="checkbox"/> No		9. Name and Address of Current Registered Agent ROTTER, HERBERT 2655 NEBRASKA AVE. APT #464 PALM HARBOR FL 34684			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SKINNER, CHARLES				
STREET ADDRESS	1342 SAGE DRIVE				
CITY-ST-ZIP	DUNEDIN FL 34698				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	AYERS, NAOMI				
STREET ADDRESS	1827 FLORA LANE				
CITY-ST-ZIP	CLEARWATER FL 34615				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	STACY, MARION				
STREET ADDRESS	847 CAMBRIDGE CT.				
CITY-ST-ZIP	DUNEDIN FL 34698				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HENRY, BARBARA				
STREET ADDRESS	2036 ALPINE RD.				
CITY-ST-ZIP	CLEARWATER FL 34615				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ALLISON, ROBERT				
STREET ADDRESS	330 PROMENADE DR.				
CITY-ST-ZIP	DUNEDIN FL 34698				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	ALLISON, ROBERT				
STREET ADDRESS	330 PROMENADE DR., SUITE 202				
CITY-ST-ZIP	DUNEDIN FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Chesson, Phillip				
1.3 STREET ADDRESS	1471 Noel Blvd.				
1.4 CITY-ST-ZIP	Palm Harbor, FL 34683				
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Charles Jagueth				
2.3 STREET ADDRESS	1900 Pinehurst Drive				
2.4 CITY-ST-ZIP	Clearwater, FL 33763				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					


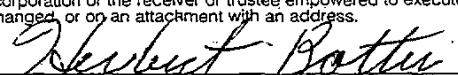
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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: Herbert Rotter **NOTARIZED**

1/8/98 785-2576x164

CR2E037 (10/97)

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9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
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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.					
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12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE D 1.2 NAME SKINNER, CHARLES 1.3 STREET ADDRESS 1342 SAGE DRIVE 1.4 CITY-ST-ZIP DUNEDIN FL 34698			1.1 TITLE D 1.2 NAME Chesson, Phillip 1.3 STREET ADDRESS 1471 Noel Blvd. 1.4 CITY-ST-ZIP Palm Harbor, FL 34683		
2.1 TITLE D 2.2 NAME AYERS, NAOMI 2.3 STREET ADDRESS 1827 FLORA LANE 2.4 CITY-ST-ZIP CLEARWATER FL 34615			2.1 TITLE D 2.2 NAME Charles Jagueth 2.3 STREET ADDRESS 1900 Pinehurst Drive 2.4 CITY-ST-ZIP Clearwater, FL 33763		
3.1 TITLE D 3.2 NAME STACY, MARION 3.3 STREET ADDRESS 847 CAMBRIDGE CT. 3.4 CITY-ST-ZIP DUNEDIN FL 34698			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
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5.1 TITLE D 5.2 NAME ALLISON, ROBERT 5.3 STREET ADDRESS 330 PROMENADE DR. 5.4 CITY-ST-ZIP DUNEDIN FL 34698			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
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SIGNATURE:  1/8/98 785-2576446					