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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710007

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

2a. Mailing Address

3. Date Incorporated or Qualified

12/06/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6072704

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTTER, HERBERT
2655 NEBRASKA AVE. APT #464
PALM HARBOR FL 34684

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CHESSON, PHILLIP
STREET ADDRESS 1471 NOEL BLVD
CITY-ST-ZIP PALM HARBOR FL 34683

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME JAQUETH, CHARLES
STREET ADDRESS 1900 PINEHURST DRIVE
CITY-ST-ZIP CLEARWATER FL 33763

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME STACY, MARION
STREET ADDRESS 847 CAMBRIDGE CT.
CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HENRY, BARBARA
STREET ADDRESS 2036 ALPINE RD.
CITY-ST-ZIP CLEARWATER FL 34615

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ALLISON, ROBERT
STREET ADDRESS 330 PROMENADE DR.
CITY-ST-ZIP DUNEDIN FL 34698

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)