SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 05 1998 8:00am
Secretary of State

DOCUMENT # 710792 (3)

1. Corporation Name
COLLEGE PARK UNITED METHODIST CHURCH,INC.

Principal Place of Business	Mailing Address
644 WEST PRINCETON AVENUE ORLANDO FL 32804	644 WEST PRINCETON AVENUE ORLANDO FL 32804

3. Date Incorporated or Qualified: 04/26/1966
4. FEI Number: 59-0725535 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
WEIL, RICHARD 5183 TALLOW WOOD COURT ORLANDO FL 32808	81 Name: Guest, Midge 82 Street Address (P.O. Box Number is Not Acceptable): 7709 Meadowglen Drive 83 84 City: Orlando FL 85 Zip Code: 32810

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: Mildred P. Guest 7-29-98
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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WEIL, RICHARD		1.2 NAME	Guest, Midge	
STREET ADDRESS	5183 TALLOW WOOD COURT		1.3 STREET ADDRESS	7709 Meadowglen Drive	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARTWAY, DONNA		2.2 NAME		
STREET ADDRESS	3603 TARPON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	VDC	☐ DELETE	3.1 TITLE	VDC	☒ Change ☐ Addition
NAME	MURRAY, FRED		3.2 NAME	Bruner, Robert	
STREET ADDRESS	1345 WESTCHESTER AVE.		3.3 STREET ADDRESS	476 Songbird Way	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Apopka, FL 32712	
TITLE	T	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	SHIVELY, WILLIAM		4.2 NAME	Shively, Dorothy	
STREET ADDRESS	1794 FAIRVIEW SHORES DR		4.3 STREET ADDRESS	1794 Fairview Shores Dr	
CITY-ST-ZIP	ORLANDO, FL 00000		4.4 CITY-ST-ZIP	Orlando FL 32804	
TITLE		☐ DELETE	5.1 TITLE	100002609362	☐ Change ☐ Addition
NAME			5.2 NAME	-08/06/98--01068--006	
STREET ADDRESS			5.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Mildred P. Guest 7-29-98 (407) 843-7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #