FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ■ DIVISION OF CORPORATIONS

FILED Aug 11 1998 8:00am Secretary of State

1998

COLLEGE PARK UNITED METHODIST CHURCH,INC.		
AARRAM LAIN ABILED BELLIADIOL ABABINING		
Principal Place of Business Mailing Address		
Principal Place of Business Mailing Address	JBN 91911 B1911 1981	
644 WEST PRINCETON AVENUE 644 WEST PRINCETON AVENUE 3. Date Incorporated or Qualified		
ORLANDO FL 32804 ORLANDO FL 32804 04/26/1966		
4. FEI Number	Applied For	
	Not Applicable	
2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 55.	75 Additional	
	00 May Be	
	ded to Fees	
City & State City & State 7. Is this nonprofit corporation a homeowners associ		
23		
Zip Country Zip Country 8. This corporation owes or has paid the current ye. 24 25 30 Personal Property Tax due June 30.	ar Intangible No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	122 110	
81 Name Guest, Midge		
WEIL, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 7/09 Meadowglen Drive		
VIOVINELEVIT TIOOD COOKS		
ORLANDO FL 32808 83		
84 City Orlando FL 85	328Yb	
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 change 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 agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.	nt as registered	
SIGNATURE Mildred P. Nulst 2/24/19	98	
Signature, In find or printed name of registered agent and title it eppticable. (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE P		
NAME WEIL, RICHARD 1.2 NAME Guest, Midge	go	
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		
	ange Addition C	
NAME HARTWAY, DONNA 22 NAME		
STREET ADDRESS 8603 TARPON DRIVE 23 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 2 4 DITY-ST-ZIP TITLE VDC SCIENTE 31 TITLE VDC	ange Addition	
1 1 NUC D-L A7A	inge Li Addition	
NAME MURRAY, FRED STREET ADDRESS 1345 WESTCHESTER AVE. 3.2 NAME Bruner, Bod 476 Songbird Way		
CITY-ST-ZIP WINTER PARK FL 32712	,	
TITLE J. DELETE 4.1 TITLE T. X.X.Cha	ange Addition	
NAME SHIVELY, WILLIAM 4.2 NAME Guest, Midge	11-1	
STREET ADDRESS 1794 FAIRVIEW SHORES DR 4.3 STREET ADDRESS 7709 Meadowglen Drive -	458///	
CITY-ST-ZIP ORLANDO, FL 00000 44CITY-ST-ZIP Orlando, FL 32810	10/1/	
TITLE DELETE 5.1 TITLE	ange / Addition	
NAME 5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP	ange Addition	
والتناس والمرافي الإراضي والمناس والمناس والتناس والتناس والمناس والتناس والتن		
E DZ NAME E		
NAME		

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.

9/24/4000 //07/9/2 7/07