FILE NOW: FILING FEE IS $61.25

FILED
May 01, 1999 8:00 am
Secretary of State
05-01-1999 90056 040 ****61.25

000168/0

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 710792

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

466177 - 90056 - 40

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/26/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0725535 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GUEST, MIDGE D
7709 MEADOWGLEN DRIVE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: Weil, Richard
82 Street Address (P.O. Box Number is Not Acceptable): 5183 Tallow Wood Ct
83
84 City: Orlando FL 85 Zip Code: 32808

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: Richard L Weil — 4-20-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GUEST, MIDGE 7709 MEADOWGLEN DRIVE ORLANDO FL 32810	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARTWAY, DONNA 3603 TARPON DRIVE ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDC BRUNER, BOB 476 SONGBIRD WAY APOPKA FL 32712	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Jones, Marie 520 Baker St Orlando, FL 32806 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUEST, MIDGE 7709 MEADOWGLEN DR ORLANDO FL 32810	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P Weil, Richard 5183 Tallow Wood Court Orlando, FL 32808 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDC BRUNER, ROBERT 476 SONGBIRD WAY APOPKA FL 32712	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V Guest, Midge 7709 Meadowglen Dr Orlando, FL 32810 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Richard L Weil REQUIRED — 4/20/99 Date — 407-843-7197 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR