

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90126 043 \*\*\*\*61.25

0072579

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 711720

1. Corporation Name

COMMUNITY UNITED METHODIST CHURCH OF HOLIDAY, IN C.

Principal Place of Business

3214 U.S. HIGHWAY 19  
 HOLIDAY FL 34691

Mailing Address

3214 U.S. HIGHWAY 19  
 HOLIDAY FL 34691



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/31/1966

4. FEI Number

59-1205636

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VICKERY, KENNETH V  
 3214 US HIGHWAY 19  
 HOLIDAY FL 34691

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, PHYLLIS
STREET ADDRESS	4229 CANTERBURY DRIVE
CITY-ST-ZIP	HOLIDAY FL 34691
TITLE	CTR <input type="checkbox"/> DELETE
NAME	BEDDOW, MERLE
STREET ADDRESS	4803 BLOSSOM DRIVE
CITY-ST-ZIP	HOLIDAY FL 34690
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	BARKLEY, MERRILL
STREET ADDRESS	4007ASHLEY COURT
CITY-ST-ZIP	HOLIDAY FL 34691
TITLE	TR <input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN
STREET ADDRESS	5113 MILE STRETCH DRIVE
CITY-ST-ZIP	HOLIDAY FL 34690
TITLE	TR <input type="checkbox"/> DELETE
NAME	WRIGLEY, FRED
STREET ADDRESS	6237 APPOMATTOX DRIVE
CITY-ST-ZIP	HOLIDAY FL 34690
TITLE	TRS <input type="checkbox"/> DELETE
NAME	RAAP, LORRAINE
STREET ADDRESS	4217 HAMPTON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34652

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOLFE, CHARLES
1.3 STREET ADDRESS	3246 KIMBERLY OAKS DRIVE
1.4 CITY-ST-ZIP	HOLIDAY, FL 34691
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FOUNTAIN, DEAN
3.3 STREET ADDRESS	1344 VIKING DRIVE
3.4 CITY-ST-ZIP	HOLIDAY, FL 34691
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

4-15-99 (727) 937-3268

CR2E037 (11/98)

711720  
444680-90126-  
43

ADDITIONAL TRUSTEE MEMBERS

SPENCE, MARJORIE  
3550 WINDHAM DRIVE  
HOLIDAY, FL 34691

THOMAS, DAN  
3701 FLORAMAR TERRACE  
NEW PORT RICHEY, FL 34652

LUCE, LEN  
3609 ORTONA DRIVE  
HOLIDAY, FL 34691