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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

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

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 ☒ DELETE
NAME YOUNG, PHYLLIS
STREET ADDRESS 4229 CANTERBURY DRIVE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE CTR ☐ DELETE
NAME BEDDOW, MERLE
STREET ADDRESS 4803 BLOSSOM DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE TR ☒ DELETE
NAME BARKLEY, MERRILL
STREET ADDRESS 4007ASHLEY COURT
CITY-ST-ZIP HOLIDAY FL 34691

TITLE TR ☐ DELETE
NAME ANDERSON, JOHN
STREET ADDRESS 5113 MILE STRETCH DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE TR ☐ DELETE
NAME WRIGLEY, FRED
STREET ADDRESS 6237 APPOMATTOX DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE TRS ☐ 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 ☒ Change ☐ 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TR ☒ Change ☐ Addition
3.2 NAME FOUNTAIN, DEAN
3.3 STREET ADDRESS 1344 VIKING DRIVE
3.4 CITY-ST-ZIP HOLIDAY, FL 34691

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: W. S. RAAP SIGNATURE REQUIRED

4-15-99 (727) 937-3268

CR2E037 (11/98)

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444680-90126-
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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