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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **712286** **(4)**

1. Corporation Name

MYAKKA CITY METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
LEBANON AVE **MYAKKA CITY FL 34251**	**LEBANON AVE** **MYAKKA CITY FL 34251**

3. Date Incorporated or Qualified: **02/21/1967**
3a. Date of Last Report: **05/01/1996**

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

4. FEI Number: **59-2158483** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COKER,MARILYN
13015 SEMINOLE AVE
MYAKKA CITY FL 33551

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: _____ 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	**PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**RUSS,JAMES M**		1.2 NAME		
STREET ADDRESS	**28450 SINGLETARY RD**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MYAKKA CITY FL 34251-0437**		1.4 CITY-ST-ZIP		
TITLE	**V**	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	**LINDSEY, DARLENE**		2.2 NAME	EILEEN JUREWICZ	
STREET ADDRESS	**10540 HAMILTON WY POB 8**		2.3 STREET ADDRESS	9320 WAUCHULA RD	
CITY-ST-ZIP	**MYAKKA CITY FL**		2.4 CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	**TD**	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	**CARLTON,BRIAN L**		3.2 NAME	IRENE CARLTON	
STREET ADDRESS	**37975 SR 70 E**		3.3 STREET ADDRESS	37975 SR 70 E	
CITY-ST-ZIP	**MYAKKA CITY FL 34251**		3.4 CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	**TD**	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	**COKER, MARILYN**		4.2 NAME		
STREET ADDRESS	**10315 SEMINOLE AVE**		4.3 STREET ADDRESS		
CITY-ST-ZIP	**MYAKKA CITY FL 34251**		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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 (9/96)

14. I do 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: Marilyn Coker 5-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # **0079687**