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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-2158483 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10535 LEBANON ST	26 P O BOX 147
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MYAKKA CITY FL 34251	City & State 28 MYAKKA CITY FL 34251-0147
Zip 24 34251 Country 25 USA	Zip 29 34251 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COKER,MARILYN 13015 SEMINOLE AVE MYAKKA CITY FL 33551	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	PD	☐ Change ☒ Addition
NAME	RUSS,JAMES M		1.2 NAME	CARLTON, ROLAND	
STREET ADDRESS	28450 SINGLETARY RD		1.3 STREET ADDRESS	4955 WAUCHULA RD	
CITY-ST-ZIP	MYAKKA CITY FL 34251-0437		1.4 CITY-ST-ZIP	MYAKKA CITY FL 34251-9176	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JUREWICZ, EILEEN		2.2 NAME		
STREET ADDRESS	9320 WAUCHULA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLTON, IRENE		3.2 NAME		
STREET ADDRESS	37975 SR 70 E		3.3 STREET ADDRESS		
CITY-ST-ZIP	MYAKKA CITY FL		3.4 CITY-ST-ZIP		
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 (10/97)

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.

SIGNATURE: Marilyn Coker MARILYN COKER 2-3-98