

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 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 # **713034** (7)
1. Corporation Name
THE GOLDEN GATE UNITED METHODIST CHURCH, INC.



Principal Place of Business 4300 21ST AVE., S.W. NAPLES FL 33999-34116	Mailing Address 4300 21ST AVE., S.W. NAPLES FL 34116-6422
--	---

3. Date Incorporated or Qualified 07/06/1967	3a. Date of Last Report 02/01/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34116 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-1539058 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent THORN, FRED E. 4300 21ST AVE., SW NAPLES FL 33999-34116	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PARK, PATRICK	1.2 NAME	Nutter, Carl
STREET ADDRESS	3000 41ST ST SW	1.3 STREET ADDRESS	5761 Golden Gate Pkwy, Naples
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	FL 34116
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD ALATALO, ALICE	2.2 NAME	Lertch, Joe
STREET ADDRESS	184 SILVERADO DR	2.3 STREET ADDRESS	4691 13th Ave. SW, Naples, FL
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	34116
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHOEMAKER, ROGER	3.2 NAME	
STREET ADDRESS	3210 15TH AVENUE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34117	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD HARRIS, CAMILLE	4.2 NAME	
STREET ADDRESS	4474 23RD PL SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T LOCKER, ROBERT	5.2 NAME	
STREET ADDRESS	4820 32ND AVENUE SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LERTCH, JOE	6.2 NAME	Cheney, Clarence
STREET ADDRESS	4691 13TH AVE SW	6.3 STREET ADDRESS	1962 46th St. SW, Naples, FL 34116
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

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. **Carl Nutter**

SIGNATURE:  **Rev. Fred Thorn** Feb. 3, 1997 941-4552707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060157

CR2E037 (9/96)