

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713593 (2)

1. Corporation Name  
**LIMONA "VILLAGE CHAPEL" UNITED METHODIST CHURCH, INCORPORATED, OF BRANDON, FLORIDA**



Principal Place of Business: 408 LIMONA RD BRANDON FL 33510  
Mailing Address: 408 LIMONA RD BRANDON FL 33510

3. Date Incorporated or Qualified: 11/08/1967  
3a. Date of Last Report: 03/28/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1665359		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip			
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30		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		10. Name and Address of New Registered Agent	
O'NEAL, JOANNE 205 E. JERSEY AVE. BRANDON FL 33511		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: *Joanne O'Neal*  
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	TR STAFFORD, LINDA 1619 DAWN RIDGE CT BRANDON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TR GOLDSTON, FRANK 1303 IVYWOOD DR. BRANDON FL	2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Bill Wilbanks
STREET ADDRESS		2.3 STREET ADDRESS	1704 Orange Hill Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Brandon FL 33510
TITLE	TR BELDAD, SUSAN 928 BALSAMIMA DRIVE BRANDON FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TR ETTINGER, ROBERT 1419 SHADOW BAY LANE BRANDON FL	4.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Phil Stutzman
STREET ADDRESS		4.3 STREET ADDRESS	18977 Boyette Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lithia, FL 33547
TITLE	TR UNO, DEAN 1701 LAKEWOOD LOOP BRANDON FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TR DARLING, JOHN 1409 MISTYGLEN LANE BRANDON FL	6.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Bernard Downie
STREET ADDRESS		6.3 STREET ADDRESS	2221 Blommingdale Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Valrico, FL 33549

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *W.C. Wilbanks* 1-22-96 685-9424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)