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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715977

1. Corporation Name

THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF ORLANDO DISTRICT, INC.

Principal Place of Business

2125 E SOUTH ST.  
ORLANDO FL 32803-3502

Mailing Address

2125 E SOUTH ST.  
ORLANDO FL 32803-3502



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/31/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1147115	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WITTEN, W. D 2125 E SOUTH ST ORLANDO FL 32803				81 Name			
				Bruce, Robert G.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2125 East South St			
				83			
				84 City		85 Zip Code	
				Orlando		FL 32803	

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 *Diane M. McDaniel* DATE 1/18/99  
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	TD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, HUGH	1.2 NAME	Bruce, Robert G.
STREET ADDRESS	615 EXECUTIVE DRIVE	1.3 STREET ADDRESS	2125 East South St
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAH, KENNETH	2.2 NAME	McDaniel, Diane
STREET ADDRESS	800 W MORSE BLVD	2.3 STREET ADDRESS	8045 Excalibor Ct.
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEDSOE, TOM	3.2 NAME	Conner, Carol
STREET ADDRESS	331 N. MAITLAND BLVD.	3.3 STREET ADDRESS	5110 Jennifer Pl.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONSTEEL, FRED C	4.2 NAME	Bright, Joyce
STREET ADDRESS	807 HAVENWOOD DR.	4.3 STREET ADDRESS	3491 Colwyn Ct
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	EO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTEN, W. DEAN DSTSUPR	5.2 NAME	Marquardt, Walter
STREET ADDRESS	2125 E SOUTH ST.	5.3 STREET ADDRESS	667 Riverpark Circle
CITY-ST-ZIP	ORLANDO FL 32803-3502	5.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Fonger, Gilbert
STREET ADDRESS		6.3 STREET ADDRESS	1600 E. McCulloch Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Oviedo, FL 32765

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: *Diane M. McDaniel* DATE 1/18/99 407-896-2230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)