

**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 # 716298 (5)**

1. Corporation Name  
**UNITED METHODIST CHURCH OF PINE ISLAND, INC.**

Principal Place of Business Mailing Address  
**5701 PINE ISLAND RD. BOKEELIA FL 33922**



3. Date Incorporated or Qualified **04/02/1969** 3a. Date of Last Report **04/07/1995**  
4. FEI Number **59-1773457** 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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BERDOLT, JOHN P.  
1443 SW TERRACE  
CAPE CORAL FL 33914**

81 Name **ROY MADDOCK**  
82 Street Address (P.O. Box Number is Not Acceptable) **11941 Oakland Dr.**  
83 **Bokeelia,**  
84 City **FL** 85 Zip Code **33922**

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: *Roy Maddock* **Roy Maddock** **4-29-96**  
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	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SYKES, LEE</b>	
STREET ADDRESS	<b>5388 BIRDSONG LANE</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BALDWIN, BETH</b>	
STREET ADDRESS	<b>3939 CRUZ DR</b>	
CITY-ST-ZIP	<b>ST. JAMES CITY FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERDOLT, JOHN</b>	
STREET ADDRESS	<b>1433 SW 57TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARVIN, LEW</b>	
STREET ADDRESS	<b>DRUM DRIVE 7084</b>	
CITY-ST-ZIP	<b>ST JAMES CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPRADLIN, JOSEPH</b>	
STREET ADDRESS	<b>3242 YORK RD</b>	
CITY-ST-ZIP	<b>ST. JAMES CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARD, JOE</b>	
STREET ADDRESS	<b>16330 SHOAL CT</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	

1.1 TITLE	<b>/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Roy Maddock</b>	
1.3 STREET ADDRESS	<b>11941 Oakland Dr,</b>	
1.4 CITY-ST-ZIP	<b>Bokeelia, FL 33922</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Lew Garvin</b>	
2.3 STREET ADDRESS	<b>7084 Drum Drive</b>	
2.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Marie Ringle</b>	
3.3 STREET ADDRESS	<b>16041 Aura Ln.</b>	
3.4 CITY-ST-ZIP	<b>Bokeelia, FL 33922</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Michael Spradlin</b>	
4.3 STREET ADDRESS	<b>3833 S.W. 14th Ave.</b>	
4.4 CITY-ST-ZIP	<b>Cape Coral, FL 33914</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Gerrit Van Oyen</b>	
5.3 STREET ADDRESS	<b>12153 Star Shell Dr.</b>	
5.4 CITY-ST-ZIP	<b>Cape Coral, FL 33991</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Kenneth Honc</b>	
6.3 STREET ADDRESS	<b>7015 Howard Rd.</b>	
6.4 CITY-ST-ZIP	<b>Bokeelia, FL 33922</b>	

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: *Roy Maddock* **Roy Maddock** **4-29-96** **(941)283-2750**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)