

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **716298** (5)  
1. Corporation Name  
**UNITED METHODIST CHURCH OF PINE ISLAND, INC.**



Principal Place of Business <b>5701 PINE ISLAND RD. BOKEELIA FL 33922</b>	Mailing Address <b>5701 PINE ISLAND RD. BOKEELIA FL 33922-3135</b>
--	---

3. Date Incorporated or Qualified <b>04/02/1969</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1773457</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>MADDOCK, ROY 11941 OAKLAND DRIVE BOKEELIA FL 33922</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name	<b>Lewis Garvin</b>		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>7084 Drum Dr.</b>		
<b>83</b> City	<b>St. James City, FL</b>		
<b>84</b> Zip Code	<b>FL</b>	<b>85</b> Zip Code	<b>33956</b>

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: *Lewis Garvin* **LEWIS GARVIN, PRESIDENT** **4/15/97**  
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>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADDOCK, ROY</b>	1.2 NAME	<b>Lewis Garvin</b>
STREET ADDRESS	<b>11941 OAKLAND DR</b>	1.3 STREET ADDRESS	<b>7084 Drum Dr.</b>
CITY-ST-ZIP	<b>BOKEELIA FL</b>	1.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARVIN, LEW</b>	2.2 NAME	<b>Wayne Beechy</b>
STREET ADDRESS	<b>7084 DRUM DR</b>	2.3 STREET ADDRESS	<b>7631 Carpenter Rd.</b>
CITY-ST-ZIP	<b>ST JAMES CITY FL</b>	2.4 CITY-ST-ZIP	<b>Bokeelia, FL 33922</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RINGLE, MARIE</b>	3.2 NAME	<b>Gerrit Van Oyen</b>
STREET ADDRESS	<b>16041 AURA LN</b>	3.3 STREET ADDRESS	<b>12153 Star Shell Dr.</b>
CITY-ST-ZIP	<b>BOKEELIA FL</b>	3.4 CITY-ST-ZIP	<b>Cape Coral, FL 33991</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARVIN, LEW</b>	4.2 NAME	<b>Ken Honc</b>
STREET ADDRESS	<b>DRUM DRIVE 7084</b>	4.3 STREET ADDRESS	<b>7015 Howard Rd.</b>
CITY-ST-ZIP	<b>ST JAMES CITY FL</b>	4.4 CITY-ST-ZIP	<b>Bokeelia, FL 33922</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPRADLIN, MICHAEL</b>	5.2 NAME	<b>Ed Mooney</b>
STREET ADDRESS	<b>3833 SW 14TH AVE</b>	5.3 STREET ADDRESS	<b>2433 Carambola</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	5.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD, JOE</b>	6.2 NAME	<b>Marian Kite</b>
STREET ADDRESS	<b>16330 SHOAL CT</b>	6.3 STREET ADDRESS	<b>3692 Tropical Ln.</b>
CITY-ST-ZIP	<b>BOKEELIA FL</b>	6.4 CITY-ST-ZIP	<b>St. James City, FL 33956</b>

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.

SIGNATURE: *Lewis Garvin* **LEWIS GARVIN** **4/15/97** **941-283-7419**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # **0067030**

CR2E037 (9/96)