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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716298 (5)
1. Corporation Name
UNITED METHODIST CHURCH OF PINE ISLAND, INC.



Principal Place of Business 5701 PINE ISLAND RD. BOKEELIA FL 33922	Mailing Address 5701 PINE ISLAND RD. BOKEELIA FL 33922
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3. Date Incorporated or Qualified 04/02/1969	
4. FEI Number 59-1773457	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GARVIN, LEWIS
7084 DRUM DR.
ST. JAMES CITY FL 33956**

10. Name and Address of New Registered Agent
81. Name **RUGH, DONALD**
82. Street Address (P.O. Box Number is Not Acceptable) **5026 Sandpiper Dr.**
83. City **St. James City, FL** 85. Zip Code **33956**

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 *Donald M. Rugh* (NOTE: Registered Agent signature required when reinstating) DATE **4/29/98**

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GARVIN, LEWIS
STREET ADDRESS	7084 DRUM DR.
CITY-ST-ZIP	ST. JAMES CITY FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BEECHY, WAYNE
STREET ADDRESS	7631 CARPENTER RD.
CITY-ST-ZIP	BOKEELIA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	RINGLE, MARIE
STREET ADDRESS	16041 AURA LN
CITY-ST-ZIP	BOKEELIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HONC, KEN
STREET ADDRESS	7015 HOWARD RD
CITY-ST-ZIP	BOKEELIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOONEY, ED
STREET ADDRESS	2433 CARAMBOLA
CITY-ST-ZIP	ST. JAMES CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KITE, MARIAN
STREET ADDRESS	3692 TROPICAL LANE
CITY-ST-ZIP	ST. JAMES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUGH, DONALD
1.3 STREET ADDRESS	5026 Sandpiper Dr.
1.4 CITY-ST-ZIP	St. James City, FL 33956
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WERLINE, THOMAS
2.3 STREET ADDRESS	12255 Star Shell Dr.
2.4 CITY-ST-ZIP	Cape Coral, FL 33991
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LANZEN, MARCELLA
3.3 STREET ADDRESS	4931 Gulfgate Ln.
3.4 CITY-ST-ZIP	St. James City, FL 33956
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRAHM, CHAD
4.3 STREET ADDRESS	P.O. Box 2224 -- 13521 Roberts RD.
4.4 CITY-ST-ZIP	Pineland, FL 33945
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.
SIGNATURE: *Donald M. Rugh* **4/20/98** **253-2386**

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