

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90024 020 ****61.25

0053724

DOCUMENT # 716855

1. Corporation Name

SEMINOLE UNITED METHODIST CHURCH, INC.

Principal Place of Business

5400 SEMINOLE BLVD
SEMINOLE FL 33772

Mailing Address

5400 SEMINOLE BLVD
SEMINOLE FL 33772

410141 - 90024 - 20



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

33772

Country

3. Date Incorporated or Qualified

07/10/1969

4. FEI Number

59-0760227

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

9. Name and Address of Current Registered Agent

THORNTON, JOHN
409 161ST AVE
REDINGTON BCH FL 33708

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME THORNTON, JOHN
STREET ADDRESS 409 161ST AVE
CITY-ST-ZIP REDINGTON BCH FL

TITLE ☐ DELETE

NAME MOHNEY, EUGENE
STREET ADDRESS 78J86 LAKE VISTA DR
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ DELETE

NAME DANIELS, WAYNE
STREET ADDRESS 9979 56TH PLACE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME MILLER, ERMA
STREET ADDRESS 8567 RIDGE RD
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME NORWOOD, FRANK
STREET ADDRESS 9951 109TH ST NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME Al Pierson
1.3 STREET ADDRESS 9710 54th Ave. North
1.4 CITY-ST-ZIP St. Petersburg, FL 33708

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME Harry Thompson
2.3 STREET ADDRESS 5165 101st St. North
2.4 CITY-ST-ZIP St. Petersburg, FL 33708

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME Shirley Orr
3.3 STREET ADDRESS 11210 Cherokee Dr.
3.4 CITY-ST-ZIP St. Petersburg, FL 33708

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

John S. Thornton, Jr. 03/31/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)