

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 # **722447** (0)
1. Corporation Name
HIGH POINT UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
**15703 - 61ST ST. N.
CLEARWATER FL 34620** **15703 - 61ST ST. N.
CLEARWATER FL 34620**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1972		3a. Date of Last Report 01/31/1995	
21		26		4. FEI Number 59-0879135		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**WALTON, KENNETH
2620 COVE CAY, APT. 805
CLEARWATER FL 34620**

81 Name **Robert Royer**
82 Street Address (P.O. Box Number is Not Acceptable)
3052 Overlook Pl.
83
84 City **Clearwater** FL 85 Zip Code **34620**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Robert Royer*
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYER, ROBERT	1.2 NAME	Pricilla Crimmins
STREET ADDRESS	3052 OVERLOOK PL	1.3 STREET ADDRESS	218 Heron Rd.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYER, ROBERT	2.2 NAME	Fenimore, Dick
STREET ADDRESS	25690 DARIEN WAY	2.3 STREET ADDRESS	7001 142nd Ave. N. #238
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Largo, FL 34641
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARK, JAMES	3.2 NAME	LeFavour, Betty
STREET ADDRESS	15666 49TH ST STE 1127	3.3 STREET ADDRESS	15772 Morgan St.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34620
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPYKER, LARRY	4.2 NAME	McLeod, Betty
STREET ADDRESS	15365 BEDFORD CIR W	4.3 STREET ADDRESS	15411 61st St. N.
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 34620
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVERY, RONALD	5.2 NAME	Smith, Ben
STREET ADDRESS	16940 U.S. 19 N STE 424	5.3 STREET ADDRESS	11990 76th St. N.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Largo, FL 34643
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Szatkowski, Jim
STREET ADDRESS		6.3 STREET ADDRESS	3013 Longbrook Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, FL 34620

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: *Robert Royer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/96 531-7214

Daytime Phone #

CR2E037 (12/95)