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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90230 007 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 722447**

1. Corporation Name

**HIGH POINT UNITED METHODIST CHURCH, INC.**

Principal Place of Business

15703 - 61ST ST. N.  
 CLEARWATER FL 34620

Mailing Address

15703 - 61ST ST. N.  
 CLEARWATER FL 34620

405846 - 90230 - 7



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/14/1972

4. FEI Number

59-0879135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

SMITH, BEN T  
 11990 76TH ST NORTH  
 LARGO FL 33773

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 T  
 GROOM, ROD  
 STREET ADDRESS 5034 FOXBRIDGE CIRCLE NORTH, #318  
 CITY-ST-ZIP CLEARWATER FL 34620

TITLE ☐ DELETE

NAME T  
 WALTON, KEN  
 STREET ADDRESS 2620 COVE CAY, #805  
 CITY-ST-ZIP CLEARWATER FL 34620

TITLE ☐ DELETE

NAME T  
 MCLEOD, BETTY  
 STREET ADDRESS 15411 61ST STREET NORTH  
 CITY-ST-ZIP CLEARWATER FL 34620

TITLE ☐ DELETE

NAME D  
 SPYKER, LARRY  
 STREET ADDRESS 15365 BEDFORD CIR W  
 CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME T  
 SZATHOWSKI, JIM  
 STREET ADDRESS 3013 LONGBROOKE WAY  
 CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME TR  
 FENIMORE, HARRIETT  
 STREET ADDRESS 7001 142ND AVE. NORTH, 238  
 CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4-19-99  
 Please send a  
 paid receipt  
 Thanks  
 Marie Baker, Treas

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:

*Ben Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Smith 4/1/99 (722) 530-3194*  
 Date Daytime Phone #

CR2E037 (11/98)