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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730765 (5)
1. Corporation Name
THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF SARASOTA DISTRICT, INC.



Principal Place of Business: P.O. BOX 31060 SARASOTA FL 34232-7060
Mailing Address: P.O. BOX 31060 SARASOTA FL 34232-0060

3. Date incorporated or Qualified: 09/20/1974
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business: 3342 Pine Valley Dr
2a. Mailing Address: P.O. Box 31060
21. Suite, Apt. #, etc.
22. City & State: Sarasota, Fla
23. Zip: 34239 Country: Sarasota
24. Zip: 34232 Country: Sarasota

4. FEI Number: 59-1692550
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DAVID G BOWMAN
1700 CUNLIFF LANE
SARASOTA FL 34239

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD GREEN, JOHN H	1.1 TITLE	
NAME	3342 PINE VALLEY DR	1.2 NAME	
STREET ADDRESS	SARASOTA, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD MCCLELLAND, LLOYD C.	2.1 TITLE	
NAME	1210 DEL WEBB BLVD	2.2 NAME	
STREET ADDRESS	SUN CITY CENTER FL	2.3 STREET ADDRESS	803. Ojai Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	VD PETERSON, KEENE	3.1 TITLE	
NAME	421 WOOD DUCK DR	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: John H. Green

CR2E037 (9/96)