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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 730765

1. Corporation Name

**THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS
AND CHURCH EXTENSION OF SARASOTA DISTRICT, INC.**

Principal Place of Business

3342 PINE VALLEY DR
SARASOTA FL 34232-7060
US

Mailing Address

PO BOX 31060
SARASOTA FL 34232-7060
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 34239 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34278-0060 30

3. Date Incorporated or Qualified

09/20/1974

4. FEI Number

59-1692550

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

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

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 **TD** ☐ DELETE

NAME **GREEN, JOHN H**
STREET ADDRESS **3342 PINE VALLEY DR**
CITY-ST-ZIP **SARASOTA, FL 00000 34239**

TITLE **SD** ☐ DELETE

NAME **MCCLELLAND, LLOYD C.**
STREET ADDRESS **803 OJAH I AVE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** ☐ DELETE

NAME **JOHN H INGRAM**
STREET ADDRESS **401 BAYVIEW**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ DELETE

NAME **DOUGLAS S PARETI**
STREET ADDRESS **7215 1ST AVE W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☒ DELETE

NAME **J MIKE HARTENSTEIN**
STREET ADDRESS **1579 EASTBROOK DR**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

D
Roger L. Hetteema
7400 S Gator Creek Blvd
Sarasota, FL 34241

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

941-924-3044

CR2E037 (1/98)