


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733342 (0)
 1. Corporation Name
UNITED METHODIST COOPERATIVE MINISTRIES/SUNCOAST OF THE ST. PETERSBURG DISTRICT, INC.



Principal Place of Business		Mailing Address	
1567 HIGHLAND AVENUE NO. 297 CLEARWATER FL 34616 US		1567 HIGHLAND AVENUE NO. 297 CLEARWATER FL 34616 US	
21	22	26	27
Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	25	28
Zip	Country	Zip	Country
		33756	Pinellas

3. Date Incorporated or Qualified	07/21/1975	
4. FEI Number	59-1623437	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COLE, STEPHEN
925 BAY ESPLANDE
CLEARWATER FL 34630

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MIKE BISHOP	
STREET ADDRESS	2177 WATER OAK DRIVE N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAXFIELD, JAMES R.	
STREET ADDRESS	1567 HIGHLAND AVENUE NO. 297	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	RATZLAFF, DONNA	
STREET ADDRESS	3940 18TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLAIRE MOBRAY	
STREET ADDRESS	4890 BAY ST. N.E. #337	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FENLON, RICHARD K CPA	
STREET ADDRESS	5245 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: James R. Maffei **REQUIRED** 1-16-98 (813) 585-1207

CR2E037 (10/97)