FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # 734021

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LHHIST	HINHED	METHUDIST	CHUHCH.	INU.

CHRIST UNITED METHODIST CHURCH, INC.							
Principal Place	of Business	Mailing Address				I INDIKE ENDAN TITIL BENN DOME 11001 IERE DIREK BIDIL BENN DINEK BENK BENK BENK BENK BENK BENK BENK B	
467 - 1ST AVE. NORTH 467 - 1ST AVE		467 - 1ST AVE. NORT ST. PETERSBURG FL					
						3. Date Incorporated or Qualified 10/08/1975 3a. Date of Last Report 04/12/1995	
Principal Place of Business		2a. Mailing Address 26			4. FEI Number Applied For 59-0637833 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip Country 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
	DANIEL B.			82 Street Address (P.O. Box Number is Not Acceptable)			
	ror lake dr. n.			02			
ST. PETE	ersburg fl 33701		83				
				84	City	FL B5 Zip Code	
	(0.17.050	Davida Chat	too the obe		amed co	orporation submits this statement for the purpose of changing its registered office	
or registeri	ed agent, or both, in the State of Flor	ida. Such change was authori	zea by the (corp	oration's l	board of directors. Thereby accept the appointment as registered agent. Lam	
familiar wit	h, and accept the obligations of, Sec	tion 617.0503, Florida Statute	S.				
SIGNATURE _	Signature typed or printed name of registured ages	Land the if armin abid	OTE: Baoistered	1 Aber	1 sonature re	acpined when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☆ DELETE	1.1 T	ΙΙίΕ		DC Change Addition	
NAME .	BUDDIN, JANIE		1.2 N	AME		FRANK R. BORTNER 2865 548 ST. N.	
STREET ADDRESS	3970 14 LANE N E		1.3 \$	TREET	ADDRESS		
CITY - ST - ZIP	ST PETERSBURG, FL 0		1.4 0	ITY-S	T-ZIP	ST PETERSBURG, FL 33710	
TITLE	D	⊠ DELETE	21 T	ITLE	D	HEARN, JEFF Change Addition	
NAME	GREGORY, THOMAS H		22 N	AME	Ì	1211 434 AVE. N.	
STREET ADDRESS	6274 18TH ST., N.E.		2 3 S	TREET	ADDRESS		
CHTY - ST-ZIP	ST. PETERSBURG FL				ST-ZIP	ST PETERSBURG, FL. 33703	
TITLE	D	☐ DELETE	3 1 T			Change Addition	
NAME	HILL, PHILLIP			IAME		PETERSON WILL 4080 415 ST.S.	
STREET ADDRESS	8161 22 AVE N	.			ADDRESS	ST PETERSAURG, FL. 33711	
CHTY-ST-ZIP	011616,16 00000	3710			ST-ZIP	Change Addition	
TITLE	SD	₹DELETE	4.1 7			. Unange - Addition	
NAME	MORRILL, JANE			NAME			
STREET ADDRESS	2028 ILLINOIS AVE., N.E.				ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE		OTY-S TILE	ST-ZIP	☐ Change 🔀 Addition	
TITLE	196 SD			VAME		_ · · _	
NAME	LEONARD, LUANNA				I ADDRESS	FRAZE, RICHARD 8065 52ND LANE N.	
STREET ADDRESS	5929-29TH AVE., N.	5710			ST-ZIP	PINEURS PARK, FL 34665	
City-St-ZiP Title	ST PETERSBURG FL 3	DELETE		JATE :	51 * £11"	☐ Change ☑ Addition	
NAME	EVANS, PATRICIA			NAME		RODOCKER, TRICIA	
STREET ADDRESS	4379 S 43 ST				T ADDRÉSS	RODOCKER, TRICIA 451 27th Ave. N.	
CITY OF 710	ST PETERSBURG FI 3	37//	6.4	CITY-	S1-ZIP	ST PETERSHURG, FL 33 704	
44 6 1 2 5 1		Lwith this files is voluntarily for	rnichod and	i dae	e not our	alify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further	
L certify that	it the information indicated on this an	nuai report or supplemental al	nnual report	ış tr	ue and ac	ccurate and that my signature shall have the same legal effect as if made under	

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 822-3343
Day Dayfire Phone *