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Mar 26 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 # **734021** **(9)**

1. Corporation Name

CHRIST UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
467 - 1ST AVE. NORTH ST. PETERSBURG FL 33701	467 - 1ST AVE. NORTH ST. PETERSBURG FL 33701-3802

3. Date Incorporated or Qualified: **10/08/1975**
3a. Date of Last Report: **03/07/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-0637833** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHUH, DANIEL B.
248 MIRROR LAKE DR. N.
ST. PETERSBURG FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	BORTNER, FRANK R.		1.2 NAME	FRAZE, RICHARD	
STREET ADDRESS	2865 54TH STR NORTH		1.3 STREET ADDRESS	8065-52nd LANE N.	
CITY-ST-ZIP	ST PETERSBURG, FL 0		1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEARN, JEFF		2.2 NAME		
STREET ADDRESS	1211 43RD AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILL, PHILLIP		3.2 NAME		
STREET ADDRESS	8161 22 AVE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, WILL		4.2 NAME		
STREET ADDRESS	4080 41ST STREET SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	LEONARD, LUANNA		5.2 NAME	RODOCKER, TRICIA	
STREET ADDRESS	5929-29TH AVE., N.		5.3 STREET ADDRESS	451-21 AVE N.	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, PATRICIA		6.2 NAME		
STREET ADDRESS	4379 S 43 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Richard A. Otte REQUIRED — 2/19/97 — 813 544-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049851