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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **734021**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/08/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0637833 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☐ Change ☐ Addition
NAME	FRAZE, RICHARD		1.2 NAME		
STREET ADDRESS	8065-52ND LANE N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP		
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	Hill, Philip	
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	Peterson, Willard	
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		☒ Change ☐ Addition
NAME	ROCOKER, TRICIA		5.2 NAME	Rodocker, Tricia	
STREET ADDRESS	451-27 AVE. N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
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 (11/98)

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: Richard O. Fraze 2/2/99 727/544-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #