


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **736582** (8)
1. Corporation Name
NORTH UNITED METHODIST CHURCH OF SARASOTA, INC.



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| Principal Place of Business 4726 N. TAMiami TRAIL SARASOTA FL 34234 | Mailing Address 4726 N. TAMiami TRAIL SARASOTA FL 34234-3870 |
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| 3. Date Incorporated or Qualified 08/13/1976 | 3a. Date of Last Report 06/06/1996 |
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|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 4. FEI Number 59-0818921 Applied For Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|---|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVID G BOWMAN
22 S TUTTLE AVE
SARASOTA FL 34237**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUTLER, ROBERT | 1.2 NAME | Parker, Debra |
| STREET ADDRESS | 4814 VILLAGE GARDENS DRIVE | 1.3 STREET ADDRESS | 6908 Alderwood Dr. |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | Sarasota, FL 34243 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CRANFORD, BOBBY | 2.2 NAME | Mary Lou Cannon |
| STREET ADDRESS | 1109 MAGELLAN DRIVE | 2.3 STREET ADDRESS | 6151 55th Ave., Circle E. |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | Bradenton, FL 34203 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, DOROTHY | 3.2 NAME | Charles Martin |
| STREET ADDRESS | 4103 TURKS CAP PLACE | 3.3 STREET ADDRESS | 2212 22nd St. W. |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | Bradenton, FL 34205 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, JIM | 4.2 NAME | Robert Williams |
| STREET ADDRESS | 234 DELMAR AVENUE | 4.3 STREET ADDRESS | 5431 2nd Street W. |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 4.4 CITY-ST-ZIP | Bradenton, FL 34207 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENSCH, ELWOOD | 5.2 NAME | |
| STREET ADDRESS | 6948 COUNTRY LAKES CIRCLE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUSTIN, LOIS | 6.2 NAME | |
| STREET ADDRESS | 484 PARKVIEW DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 6.4 CITY-ST-ZIP | |

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: **B. G. CRANFORD** 1-14-97 359-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083133

CR2E037 (9/96)