## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

736582

(8)

## NORTH UNITED METHODIST CHURCH OF SARASOTA, INC.

											8/8   6/8   581	
Principal Place of Business Mailing Address							ı		11 <b>0</b> 1014 01011 01014	milite fireit ichte		
4726 N. TAMIA	26 N. TAMIAMI TRAIL					3. Date Incorporated or Qualified						
SARASOTA FL 34234				SARASOTA FL 34234					06/13/1976			
ľ									4. FEI Number		Applied For	
									59-0818921		Not Applicable	
2. Principal P	. Mailing Address	Mailing Address				5. Certificate of Status Desired	\$8.75	5 Additional				
21		<del></del>	26						5. Certificate of States Besiles	Fee	Required	
Suite, Apt.	Suite, Apt. #, etc.	ie, Apt. #, etc.				8. Election Campaign Financing		D May Be				
City & Stat			27	7 City & State					Trust Fund Contribution Added to Fees			
23	ıu		28	<del>~</del> ¬ ′				7. Is this nonprofit corporation a homeowners association?				
Zip Country			201	Zip Country				8. This corporation owes or has paid the current year intangible				
24		25	29	,	30	•		Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
						81	Name				İ	
DAVID G BOWMAN						82 Street Address (P.O. Box Nu			ss (P.O. Box Number is Not Acceptable)			
22 S TUTTLE AVE												
SARASC	OTA FL 342	237				83						
						84	City			- 85 Zi	p Code	
14-5	<del>5*</del>		<del></del>		1 1	لـــا		.—		<b>FL</b>   "   - '		
office or r	to t <b>ne</b> provis re <b>giste</b> red ag	gent, or both, in the	7.0502 and t State of Flori	ida. Such change was	nes, the a authorize	d by	e∗πamed ≀the cor	poratio	ration submits this statement for the purpor in's board of directors. I hereby accept the	appointment	) its registered as registered	
agentia	ım f <b>a</b> miliar w	ith, and accept the	obligations o	f, Section 617.0503, F	lorida Sta	tutes	3.				!	
SIGNATURE	Signature types	or printed name of register	red agent and till	a il applicable (NC	TF : Ragistere	d Ane	not signature	healunes o	1 when reinstating) DA			
12.			S AND DIRE		13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
TITLE	VD			DELETE	1,1 1	TLE		P	D	Change     Ch	e Addition	
NAME	BUTLER	r, robert			1,2 N	AME		But	tler, Robert		ì	
STREET ADDRESS 4814 VILLAGE GARDENS DR			DRIVE	<b>Æ</b> 1.3 STI			ADDRESS	4814 Village Gardens Dr.				
CITY-ST-ZIP	SARAS	OTA FL				TY-S	T-ZIP		rasota, FL			
TITLE	PD			<b>□</b> DELETE	2,1 7			VD		☐ Change	e 🔽 Addition	
NAME	1 0,000,000,000			2.2 N				1	narles Martin			
	STREET ADDRESS 1409 MAGELLAN DRIVE CITY-ST-ZIP SARASOTA FL						ADDRESS	1	212 22nd St. W.		,	
CITY-ST-ZIP TITLE	D	JIA FL		<b>□</b> DELETE	2. 4 C		ST-ZIP	Br	radenton, FL 34205	Change	e 🔽 Addition	
NAME		ON, DOROTHY		-Kperrie	3.2 N			Iim.	Eisner	- viailite	, G (monio))	
STREET ADDRESS		JRKS CAP PLACE	=				ADDRESS	•	6 4th Ave. NE		l	
CITY-ST-ZIP	SARAS		-				ST-ZIP		denton. FL 34208		1	
TITLE	D			<b>EX</b> DELETE	4.1 Ti			D	WALLANT IN SARAO	Change	e 🗴 Addition	
NAME	DAVIS,	JIM			4. 2 N	IAME		ĴοR	ita Stevens			
STREET ADDRESS	234 DEI	LMAR AVENUE			4.3 ST	TREET	ADDRESS	845	Highland St.		,	
CITY-ST-ZIP	SARAS	OTA, FL 00000					T-21P	Sar	asota, FL 34234			
TITLE	Ď			☐ DELETE	5.1 TI	TLE		ļ		Change	e 🔲 Addition	
NAME		H, ELWOOD			5.2 N							
STREET ADDRESS		DUNTRY LAKES (	CIRCLE		- 1		address					
CITY-ST-ZIP		OTA, FL 00000		DELETE			T- ZIP	<u> </u>		G Char	a addition	
TITLE	D	AL MARV I		☐ DELETE	6.1 TI			S	nan Magar Tau	Change	e 🔲 Addition	
NAME OTREET ADDRESS		N, MARY L	E		6.2 N		ADDRESS		non, Mary Lou			
STREET ADDRESS	0101 33	TH AVE CIRCLE	_		6.3.5	IHLLÍ	AUDRESS	IDID.	1 55th Ave. Circle E.			

6.4 CITY-ST-ZIP BRADENTON FL

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 pr on an attachment with an address.

SIGNATURE:

The State

Robert D. Butler

June 15 1008 041-251-2510

**FILED** 

Jun 25 1998 8:00am

Secretary of State

REPRESENTATION AND A CONTRACTOR OF THE PROPERTY OF THE PROPERT