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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 736582

1. Corporation Name

NORTH UNITED METHODIST CHURCH OF SARASOTA, INC.

Principal Place of Business

4726 N. TAMiami TRAIL
 SARASOTA FL 34234

Mailing Address

4726 N. TAMiami TRAIL
 SARASOTA FL 34234



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/13/1976

4. FEI-Number

59-0818921

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

DAVID G BOWMAN
 22 S TUTTLE AVE
 SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD
 NAME BUTLER, ROBERT
 STREET ADDRESS 4814 VILLAGE GARDENS DRIVE
 CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE VD
 NAME MARTIN, CHARLES
 STREET ADDRESS 2212 22ND ST W
 CITY-ST-ZIP BRADENTON FL 34205

☐ DELETE

TITLE D
 NAME EISNER, JIM
 STREET ADDRESS 4116 4TH AVE NE
 CITY-ST-ZIP BRADENTON FL 34208

☐ DELETE

TITLE D
 NAME STEVENS, JORITA
 STREET ADDRESS 845 HIGHLAND ST
 CITY-ST-ZIP SARASOTA, FL 00000 34234

☐ DELETE

TITLE D
 NAME RENSCH, ELWOOD
 STREET ADDRESS 6948 COUNTRY LAKES CIRCLE
 CITY-ST-ZIP SARASOTA, FL 00000

☒ DELETE

TITLE S
 NAME CANNON, MARY L
 STREET ADDRESS 6151 55TH AVE CIRCLE E
 CITY-ST-ZIP BRADENTON FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☒ Change

☐ Addition

1.2 NAME

CRANDFORD, BOBBY

1.3 STREET ADDRESS

1109 Magellan Drive

1.4 CITY-ST-ZIP

Sarasota, FL 34243

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change

☐ Addition

5.1 TITLE

D

5.2 NAME

STEWART, BILL

5.3 STREET ADDRESS

7313 Arcturus Drive

5.4 CITY-ST-ZIP

Sarasota, FL 34243

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

B. SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99

Date

Daytime Phone #

CR2E037 (11/98)