

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 MAR - 4 PM 1:49

STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 737811

1. Corporation Name

**THE FLORIDA CONFERENCE UNITED METHODIST CHURCH C
 OMMITTEE ON NEW CHURCH DEVELOPMENT AND CHURCH RE**

Principal Place of Business

Mailing Address

1140 E. McDONALD STREET
 LAKELAND FL 33801
 US

PO BOX 3767
 LAKELAND FL 33802
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/12/1977	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-0904361	
24	Country	29	Country	5. Certificate of Status Desired <input 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. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COURTOY, CHARLES W 1140 E McDONALD ST LAKELAND FL 33801				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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC BUTLER, PAUL B JR 6200 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33807	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP/CD WARD, DARRELL E 4874 SHEARWATER LANE NAPLES FL 34119	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST D PINAMAN, WILLIAM K 8501 ARLINGTON EXPRESSWAY, #A101 JACKSONVILLE FL 32211	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS HOLDEN, BARBARA A. 1140 E McDONALD STREET LAKELAND FL 33801	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	CONNER, CAROL D.
STREET ADDRESS		5.3 STREET ADDRESS	5110 JENNIFER PLACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE		6.1 TITLE	D
NAME		6.2 NAME	NEAL, RICHARD W.
STREET ADDRESS		6.3 STREET ADDRESS	4444 5th AVENUE N
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713-6204

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: *[Signature]* SIGNATURE USE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 (813) 988-4141

Daytime Phone #