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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741083 (0)

1. Corporation Name
ENGLEWOOD UNITED METHODIST CHURCH, INC.



Principal Place of Business 700 W DEARBORN ST ENGLEWOOD FL 34223 US	Mailing Address 170 W DEARBORN ST ENGLEWOOD FL 34223-3237 US
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3. Date Incorporated or Qualified 12/20/1977	3a. Date of Last Report 02/27/1996
4. FEI Number 59-1461291	Applied For <input type="checkbox"/> Not Applicable
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**DUNKIN, DAVID A.
150 W. DEARBORN
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, C. KENT	
STREET ADDRESS	1926 GREENLAWN DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARENTEAU, VIRGINIA	
STREET ADDRESS	151 HOSMER AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM E	
STREET ADDRESS	7225 MAMMOUTH ST.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALTMAN, JAMES A.	
STREET ADDRESS	1505 CREST CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Roger Thomas	
1.3 STREET ADDRESS	880 E. Seventh Street	
1.4 CITY-ST-ZIP	Englewood, FL 34223	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Beth Hook	
2.3 STREET ADDRESS	150 Marina Isles Drive #403	
2.4 CITY-ST-ZIP	Englewood, FL 34223	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: *Beth Hook* 3/31/97 445-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062410

CR2E037 (9/96)