

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>700 W DEARBORN ST ENGLEWOOD FL 34223 US</b>	Mailing Address <b>170 W DEARBORN ST ENGLEWOOD FL 34223 US</b>
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3. Date Incorporated or Qualified <b>12/20/1977</b>	
4. FEI Number <b>59-1461291</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, ROGER</b>	1.2 NAME	
STREET ADDRESS	<b>880 E SEVENTH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOOK, BETH</b>	2.2 NAME	
STREET ADDRESS	<b>150 MARINA ISLES DRIVE, #403</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, WILLIAM E</b>	3.2 NAME	
STREET ADDRESS	<b>7225 MAMMOUTH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALTMAN, JAMES A.</b>	4.2 NAME	
STREET ADDRESS	<b>1505 CREST CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**SD**  Change  Addition  
**JEAN DYE**  
 P.O. Box 1172 (N/A)  
 Englewood, FL 34295  
**VC D**  Change  Addition  
**George Albrecht**  
 425 Palm Creek Drive  
 Englewood, FL 34223  
**T D**  Change  Addition  
**Don Sheppard**  
 130 Magnolia Avenue  
 Englewood, FL 34223

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14. I 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: *Roger B. Thomas*

3-10-98

PE  
4.13

CR2E037 (10/97)