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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90030 027 ****61.50

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 741083

1. Corporation Name

ENGLEWOOD UNITED METHODIST CHURCH, INC.

246350 - 90030 - 27

Principal Place of Business

700 W DEARBORN ST
 ENGLEWOOD FL 34223
 US

Mailing Address

170 W DEARBORN ST
 ENGLEWOOD FL 34223
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/20/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1461291	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUNKIN, DAVID A. 150 W. DEARBORN ENGLEWOOD FL 34223				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ROGER	1.2 NAME	Roger Thomas
STREET ADDRESS	880 E SEVENTH STREET	1.3 STREET ADDRESS	880 E. 7th Street
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYE, JEAN	2.2 NAME	Lawrence M. Griffin
STREET ADDRESS	P.O. BOX 1172 N/A	2.3 STREET ADDRESS	9392 New Martinsville Ave.
CITY-ST-ZIP	ENGLEWOOD FL 34295	2.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRECHT, GEORGE	3.2 NAME	Irvin Arnold
STREET ADDRESS	425 PALM CREEK DRIVE	3.3 STREET ADDRESS	9221 San Bernandio Ave.
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	Englewood, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPPARD, DON	4.2 NAME	Delmer Gowings
STREET ADDRESS	130 MAGNOLIA AVENUE	4.3 STREET ADDRESS	33 S. Buena Vista
CITY-ST-ZIP	ENGLEWOOD FL 34223	4.4 CITY-ST-ZIP	Englewood, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Beth Hook
STREET ADDRESS		5.3 STREET ADDRESS	150 Marina Isles Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Englewood, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Carl Anderson
STREET ADDRESS		6.3 STREET ADDRESS	310 Penrose Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Englewood, FL 34223

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: *Katherine M. Griffin* **SIGNATURE REQUIRED** 3/19/99 941-474-0094
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

11/01/99

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741083

ENGLEWOOD UNITED METHODIST CHURCH

(Directors continued)

D

Pat Stark

1 No Cayman Isle Blvd (ADDITION)
Englewood, FL

D

Ben Johnson

6425 Roberta Drive (ADDITION)
Englewood, FL