

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **757522** (8)  
1. Corporation Name  
**UNITED METHODIST CHURCH OF SUN CITY CENTER, INC.**



Principal Place of Business: 1210 DEL WEBB BLVD, SUN CITY CNTR FL 33573  
Mailing Address: 1210 DEL WEBB BLVD, SUN CITY CNTR FL 33573

3. Date Incorporated or Qualified: **04/13/1981**  
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2131662</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	24	25
29	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SHELDON, ROBERT**  
**2205 #K336 CANTERBURY LANE**  
**SUN CITY CENTER FL 33573**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 State 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>DC</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELDON, ROBERT</b>	12 NAME	
STREET ADDRESS	<b>2205 #K336 CANTERBURY LANE</b>	13 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUN CITY CNTR FL</b>	14 CITY-STATE-ZIP	
TITLE	<b>DVC</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBEE, HAROLD</b>	22 NAME	<b>Robert Stinchcomb</b>
STREET ADDRESS	<b>1909 DEL WEBB BLVD., E.</b>	23 STREET ADDRESS	<b>1708 Wolf Laurel Drive</b>
CITY-STATE-ZIP	<b>SUN CITY CNTR, FL 00000</b>	24 CITY-STATE-ZIP	<b>Sun City Center, FL 33573</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNARD, ALBERT</b>	32 NAME	<b>Virginia Wolfe</b>
STREET ADDRESS	<b>2033 BERRY ROBERTS DR.</b>	33 STREET ADDRESS	<b>2303 Del Webb East</b>
CITY-STATE-ZIP	<b>SUN CITY CNTR FL</b>	34 CITY-STATE-ZIP	<b>Sun City Center, FL 33573</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILLON, PORTER</b>	42 NAME	
STREET ADDRESS	<b>1605 NEW BEDFORD DR</b>	43 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUN CITY CNTR, FL 00000</b>	44 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, MARIAN</b>	52 NAME	
STREET ADDRESS	<b>2112 DEL WEBB BLVD E</b>	53 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUN CITY CNTR, FL 00000</b>	54 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHWINE, JANET</b>	62 NAME	<b>James Provost</b>
STREET ADDRESS	<b>1704 NEW BEDFORD DR.</b>	63 STREET ADDRESS	<b>8488 Imperial Circle</b>
CITY-STATE-ZIP	<b>SUN CITY CNTR, FL 00000</b>	64 CITY-STATE-ZIP	<b>Sun City Center, FL 33573</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or attached, or on an attachment with an address.

SIGNATURE: *Robert K Sheldon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-9-96** 813-634-2537  
Daytime Phone: #

CR2E037 (12/95)