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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
1210 DEL WEBB BLVD 1210 DEL WEBB BLVD
SUN CITY CNTR FL 33573 SUN CITY CNTR FL 33573-5224

3. Date Incorporated or Qualified 04/13/1981
3a. Date of Last Report 02/19/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2131662 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHELDON, ROBERT
2205 #K336 CANTERBURY LANE
SUN CITY CENTER FL 33573
10. Name and Address of New Registered Agent
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: *Robert Sheldon - Chairman* DATE: 2/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, ROBERT	1.2 NAME	
STREET ADDRESS	2205 #K336 CANTERBURY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CNTR FL	1.4 CITY-ST-ZIP	
TITLE	BVC T <input type="checkbox"/> DELETE	2.1 TITLE	BVC TVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STINCHCOMB, ROBERT	2.2 NAME	MOREFIELD, CLARENCE
STREET ADDRESS	1708 WOLF LAUREL DRIVE	2.3 STREET ADDRESS	734 MASTERPIECE DRIVE
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	2.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, VIRGINIA	3.2 NAME	ALFRED MILES
STREET ADDRESS	2303 DEL WEBB EAST	3.3 STREET ADDRESS	1703 BRYN MAWR AVENUE
CITY-ST-ZIP	SUN CITY CNTR FL	3.4 CITY-ST-ZIP	SUN CITY CENTER, FL ###-###-33573
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLON, PORTER	4.2 NAME	MAST, DANIEL
STREET ADDRESS	1605 NEW BEDFORD DR	4.3 STREET ADDRESS	705 INDIAN WELLS
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, MARIAN	5.2 NAME	VALENTINE, LUCILLE
STREET ADDRESS	2112 DEL WEBB BLVD E	5.3 STREET ADDRESS	202 GLOUCESTER BLVD.,
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	5.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVOST, JAMES	6.2 NAME	DAVIES, MARION
STREET ADDRESS	8488 IMPERIAL CIRCLE	6.3 STREET ADDRESS	302 CANTON COURT, C-70
CITY-ST-ZIP	SUN CITY CNTR, FL 00000 Palmetto, FL 34221	6.4 CITY-ST-ZIP	SUN CITY CENTER, FL ###-###-33573

14. I do 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.

SIGNATURE: *ROBERT SHELDON* *Robert Sheldon* DATE: 2/6/97 813/634-2539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046540

CR2E037 (9/96)