

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

**FILED**

**Feb 05 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 # 757522 (8)**  
1. Corporation Name  
**UNITED METHODIST CHURCH OF SUN CITY CENTER, INC.**



Principal Place of Business <b>1210 DEL WEBB BLVD SUN CITY CNTR FL 33573</b>	Mailing Address <b>1210 DEL WEBB BLVD SUN CITY CNTR FL 33573</b>
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3. Date Incorporated or Qualified <b>04/13/1981</b>	
4. FEI Number <b>59-2131662</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

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 checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81</b> Name <b>HAUSER, ROBERT</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>907 OXFORD PARK DRIVE</b>
<b>83</b>
<b>84</b> City <b>SUN CITY CENTER</b>
<b>85</b> Zip Code <b>FL 33573</b>

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 Hauser* **1/26/98**  
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>DC</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHELDON, ROBERT</b>		1.2 NAME <b>HAUSER, ROBERT</b>	
STREET ADDRESS <b>2205 #K336 CANTERBURY LANE</b>		1.3 STREET ADDRESS <b>907 OXFORD PARK DRIVE</b>	
CITY-ST-ZIP <b>SUN CITY CNTR FL</b>		1.4 CITY-ST-ZIP <b>SUN CITY CENTER, FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STINCHCOMB, ROBERT</b>		2.2 NAME	
STREET ADDRESS <b>1708 WOLF LAUREL DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SUN CITY CNTR, FL 00000</b>		2.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOLFE, VIRGINIA</b>		3.2 NAME <b>DODD, LOWELL</b>	
STREET ADDRESS <b>2303 DEL WEBB EAST</b>		3.3 STREET ADDRESS <b>1203 ROYAL LINKS CT.</b>	
CITY-ST-ZIP <b>SUN CITY CNTR FL</b>		3.4 CITY-ST-ZIP <b>SUN CITY CENTER, FL</b>	
TITLE <b>TVC</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOREFIELD, CLARENCE</b>		4.2 NAME <b>SMITH, FORREST</b>	
STREET ADDRESS <b>754 MASTERPIECE DR</b>		4.3 STREET ADDRESS <b>1244 W. DEL WEBB BLVD.</b>	
CITY-ST-ZIP <b>SUN CITY CENTER FL</b>		4.4 CITY-ST-ZIP <b>SUN CITY CENTER, FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MILES, ALFRED</b>		5.2 NAME <b>JOHNSON, DAVID</b>	
STREET ADDRESS <b>1703 BRYN MAWR AVE</b>		5.3 STREET ADDRESS <b>740 FAIRWAY RIDGE COURT</b>	
CITY-ST-ZIP <b>SUN CITY CENTER FL</b>		5.4 CITY-ST-ZIP <b>SUN CITY CENTER, FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>TVC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAST, DANIEL</b>		6.2 NAME <b>MAST, DANIEL</b>	
STREET ADDRESS <b>705 INDIAN WELLS</b>		6.3 STREET ADDRESS <b>705 INDIAN WELLS</b>	
CITY-ST-ZIP <b>SUN CITY CENTER FL</b>		6.4 CITY-ST-ZIP <b>SUN CITY CENTER, FL</b>	

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.

SIGNATURE *Robert Hauser* **1/26/98**

CR2E037 (10/97)