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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 757522

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/13/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2131662

Applied For

Not Applicable

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUSER, ROBERT
 907 OXFORD PARK DRIVE
 SUN CITY CENTER FL 33573

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

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 DC DELETE
 NAME HAUSER, ROBERT
 STREET ADDRESS 907 OXFORD PARK DRIVE
 CITY-ST-ZIP SUN CITY CNTR FL

1.1 TITLE T Change Addition
 1.2 NAME LUCILLE VALENTINE
 1.3 STREET ADDRESS 202 GLOUCESTER
 1.4 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE T DELETE
 NAME STINCHCOMB, ROBERT
 STREET ADDRESS 1708 WOLF LAUREL DRIVE
 CITY-ST-ZIP SUN CITY CNTR, FL 00000

2.1 TITLE T Change Addition
 2.2 NAME LOWELL DODD
 2.3 STREET ADDRESS 1203 ROYAL LINKS CT
 2.4 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE DS DELETE
 NAME WOLFE, VIRGINIA
 STREET ADDRESS 2303 DEL WEBB EAST
 CITY-ST-ZIP SUN CITY CNTR FL

3.1 TITLE T Change Addition
 3.2 NAME JAMES RAYBUCK
 3.3 STREET ADDRESS 2524 LYNX RD
 3.4 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TVC DELETE
 NAME SMITH, FORREST
 STREET ADDRESS 1244 W. DEL WEBB BLVD.
 CITY-ST-ZIP SUN CITY CENTER FL

4.1 TITLE T Change Addition
 4.2 NAME WINIFRED TEPPER
 4.3 STREET ADDRESS 101 BURBANK CT
 4.4 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE T DELETE
 NAME JOHNSON, DAVID
 STREET ADDRESS 740 FAIRWAY RIDGE COURT
 CITY-ST-ZIP SUN CITY CENTER FL

5.1 TITLE T Change Addition
 5.2 NAME RUTH ALLEN
 5.3 STREET ADDRESS 725 MCDANIEL
 5.4 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TVC DELETE
 NAME MAST, DANIEL
 STREET ADDRESS 705 INDIAN WELLS
 CITY-ST-ZIP SUN CITY CENTER FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 SIGNATURE REQUIRED

3/9/99
 Date

(813) 634-2539
 Daytime Phone #

CR2E037 (1/198)