

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 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 # **758831** (2)  
1. Corporation Name  
**CONCORD PARK UNITED METHODIST CHURCH, INC.**

Principal Place of Business <b>701 WEST CONCORD ORLANDO FL 32805</b>	Mailing Address <b>701 WEST CONCORD ORLANDO FL 32805</b>
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3. Date Incorporated or Qualified  
**06/18/1981**

4. FEI Number <b>59-0683259</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ETTER, CLIFFORD H  
6500 QUARTER HORSE LANE  
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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 *Clifford H. Etter*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2-17-98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>ETTER, CLIFF</b>	
STREET ADDRESS	<b>6500 QUARTER HORSE LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>ULMER, JAMES</b>	
STREET ADDRESS	<b>2547 GREYWALL AVE.</b>	
CITY-ST-ZIP	<b>OCFEE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KNOX, JACK MRS.</b>	
STREET ADDRESS	<b>350 E. JACKSON ST., #211</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>BUSHMAN, FRANCIS MRS.</b>	
STREET ADDRESS	<b>7877 W. CONROY</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>PLATE, DIANE</b>	
STREET ADDRESS	<b>5624 BRYSON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>YOUNGS, DON</b>	
STREET ADDRESS	<b>715 W. CONCORD ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Clifford H. Etter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2-17-98** 407  
Daytime Phone # **422-7532**

CR2E037 (10/97)