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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 758831

1. Corporation Name

CONCORD PARK UNITED METHODIST CHURCH, INC.

Principal Place of Business

**701 WEST CONCORD
ORLANDO FL 32805**

Mailing Address

**701 WEST CONCORD
ORLANDO FL 32805**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

3. Date Incorporated or Qualified

06/18/1981

4. FEI Number
59-0683259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 Clifford H. Etter
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ETTER, CLIFF**
STREET ADDRESS **6500 QUARTER HORSE LANE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **V** ☐ DELETE
NAME **ULMER, JAMES**
STREET ADDRESS **2547 GREYWALL AVE.**
CITY-ST-ZIP **OCOEEE FL**

TITLE **D** ☐ DELETE
NAME **KNOX, JACK MRS.**
STREET ADDRESS **350 E. JACKSON ST., #211**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☐ DELETE
NAME **BUSHMAN, FRANCIS MRS.**
STREET ADDRESS **7677 W. CONROY**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ DELETE
NAME **PLATE, DIANE**
STREET ADDRESS **5624 BRYSON DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **YOUNGS, DON**
STREET ADDRESS **715 W. CONCORD ST.**
CITY-ST-ZIP **ORLANDO FL 32805**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

1-10-99 **295-0588**
Date Daytime Phone #

CR2E037 (1/98)