

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760037** (2)
1. Corporation Name
VAMO UNITED METHODIST CHURCH, INC.

Principal Place of Business 8521 VAMO ROAD SARASOTA FL 34231	Mailing Address 8521 VAMO ROAD SARASOTA FL 34231
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3. Date Incorporated or Qualified
09/15/1981

4. FEI Number 59-1696448	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

10. Name and Address of New Registered Agent

**JOHNSON, HOWARD
452 SOUTH SHORE ROAD
OSPREY FL 34229**

81 Name DIEFENDERFER, JAMES C.
82 Street Address (P.O. Box Number is Not Acceptable) 2373 Flentwood Drive
83
84 City Sarasota, FL
85 Zip Code 34238

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 617.0502, Florida Statutes.

SIGNATURE *James D. Diefenderfer* **James D. Diefenderfer** DATE **1/13/98**

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD BISHOP 2045 SUNNYSIDE LANE SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIEFENDERFER, JAMES C 2373 FLENTWOOD DR SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, WARREN 7435 BILTMORE DR SARASOTA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNNICK, CHRIS 3513 SOUTH SCHOOL AVE SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, GINGER 3600 WALDEN POND DR SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACMILLAN, CAROLYN 4415 N DIAMOND CIRCLE SARASOTA FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD Rule Steve 2822 Golden Poinciana Place Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Johnson, Howard 452 South Shore Road Osprey, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Rowan, Jim 5339 Fox Run Road Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD Pitts, Ginger 3600 Walden Pond Dr. Sarasota, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Laubach, Maynard 8920 Pohoy Ave. Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *James D. Diefenderfer* **James D. Diefenderfer** (941) 924-2743

CR25037 (10/97)