


FILE NOW: FILING FEE IS \$61.25

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90058 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760037					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/15/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1696448	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIEFENDERFER, JAMES C 2373 FLENTWOOD DRIVE SARASOTA FL 34238				81 Name Rule, Steven M.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2822 Golden Poinciana Pl.			
				83			
				84 City Sarasota, FL			
				85 Zip Code 34232			

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]* Steven M. Rule, Chairman DATE *3/16/99*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RULE, STEVE		1.2 NAME	Rule, Steven M.			
STREET ADDRESS	2822 GOLDEN POINCIANA PLACE		1.3 STREET ADDRESS	2822 Golden Poinciana Pl.			
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	Sarasota, FL 34232			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOHNSON, HWARD		2.2 NAME	Ellen Sullivan			
STREET ADDRESS	452 SOUTH SHORE ROAD		2.3 STREET ADDRESS	7630 Eagle Creek Dr.			
CITY-ST-ZIP	OSPREY FL 34229		2.4 CITY-ST-ZIP	Sarasota, FL 34243			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JACKSON, WARREN		3.2 NAME	M. R. Boggs			
STREET ADDRESS	7435 BILTMORE DR		3.3 STREET ADDRESS	4092 Hearthstone Dr.			
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34238			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWAN, JIM		4.2 NAME	Howard Johnson			
STREET ADDRESS	5339 FOX RUN ROAD		4.3 STREET ADDRESS	5634 Sahton Lakes Dr.			
CITY-ST-ZIP	SARASOTA FL 34231		4.4 CITY-ST-ZIP	Sarasota, FL 34231			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTS, GINGER		5.2 NAME				
STREET ADDRESS	3600 WALDEN POND DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAUBACH, MAYNARD		6.2 NAME				
STREET ADDRESS	8920 POHOY AVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		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]* Steven M. Rule DATE: *3/16/99* (941) 966-3306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR