

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768294

(1)

1. Corporation Name

THE PALM HARBOR UNITED METHODIST CHURCH BOARD OF
EDUCATION, INC.

Principal Place of Business

1113 MICHIGAN AVE.
PALM HARBOR FL 34683

Mailing Address

1113 MICHIGAN AVE.
PALM HARBOR FL 34683



3. Date Incorporated or Qualified

05/05/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1551 21st Street

26 1551 21st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Palm Harbor FL

28 Palm Harbor FL

Zip

Country

Zip

Country

24 34683

25 USA

29 34683

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUCERA, CAROL J
1113 MICHIGAN AVENUE
PALM HARBOR FL 34683

81 Name

Cathie McFadden

82 Street Address (P.O. Box Number is Not Acceptable)

1551 21st Street

83

84 City

Palm Harbor

FL

85 Zip Code

34683

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

Cathie McFadden

5/9/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KUCERA, CAROL J	
STREET ADDRESS	225 TALLEY DRIVE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANNADAY, GARY	
STREET ADDRESS	875 VILLAGE WAY	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAMPERT, CHERYL	
STREET ADDRESS	1237 RIDGEGROVE DR. S.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, PAM	
STREET ADDRESS	2900 TANGLEWOOD TRAIL	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MASON, BILL	
STREET ADDRESS	480 WILLOW LANE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOT, SARAH	
STREET ADDRESS	414 ORIOLE CIRCLE	
CITY - ST - ZIP	PALM HARBOR FL	

11 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Michael S. Reeser	
13 STREET ADDRESS	446 Silver Moss Lane	
14 CITY - ST - ZIP	Tarpon Springs FL 34689	
21 TITLE	V.P., Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Gary Linder	
23 STREET ADDRESS	3763 Tarpon Court	
24 CITY - ST - ZIP	Palm Harbor FL 34684	
31 TITLE	Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Cathie McFadden	
33 STREET ADDRESS	2435 Indian Oak Ct	
34 CITY - ST - ZIP	Palm Harbor FL 34683	
41 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Judy Klima	
43 STREET ADDRESS	1551 21st Street	
44 CITY - ST - ZIP	Palm Harbor FL 34683	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	900001833059	
54 CITY - ST - ZIP	-05/21/96--01145--000 020	
61 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael S. Reeser

3/12/96

(FID) 786-5866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)