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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768294** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**1551 21ST STREET  
PALM HARBOR FL 34683**

**1551 21ST STREET  
PALM HARBOR FL 34683-3808**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCFADDEN, CATHIE  
1551 21ST STREET  
PALM HARBOR FL 34683**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD  
REESER, MICHAEL S**  
STREET ADDRESS **446 SILVER MOSS LANE**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **VPD  
LINDER, GARY**  
STREET ADDRESS **3863 TARIAN COURT**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

2.2 NAME **VPD**  
2.3 STREET ADDRESS **Michelle Larson**  
2.4 CITY-ST-ZIP **1551 21st St  
Palm Harbor Fl 34684**

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **SD  
MCFADDEN, CATHIE**  
STREET ADDRESS **2435 INDIAN OAK CT**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

3.2 NAME **SD**  
3.3 STREET ADDRESS **Tina Peters**  
3.4 CITY-ST-ZIP **1551 21st St  
Palm Harbor Fl 34684**

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **T  
KLIMAN, JUDY**  
STREET ADDRESS **1551 21ST STREET**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

4.2 NAME **TO**  
4.3 STREET ADDRESS **Greg Asple**  
4.4 CITY-ST-ZIP **1551 21st St.  
Palm Harbor Fl 34684**

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **PD  
MASON, BILL**  
STREET ADDRESS **480 WILLOW LANE**  
CITY-ST-ZIP **PALM HARBOR FL**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **SD  
ELLIOT, SARAH**  
STREET ADDRESS **414 ORIOLE CIRCLE**  
CITY-ST-ZIP **PALM HARBOR FL**

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

(53) 282-5915

Date

Daytime Phone # 0068867

CR2E037 (9/96)