FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE: _

768294

(1)

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

	4.5				DIRE DIRECTORIA REPORT OF A CONTRACTORIA DIRECTORIA DE CONTRACTORIA DE CONTRACTORIA DI CONTRAC
Principal Place o	f Business	Mailing Addres	S	1 10 2 11 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1551 21ST STREET PALM HARBOR FL 34883		1551 21ST STREET PALM HARBOR FL 34883-3808			
				3. Date Incorporated or Qualified 05/05/1983	3a. Date of Last Report 05/01/1996
2. Principal Plac	e of Business	2a. Mailing Add	iress	4. FEI Number	Applied For
21		26		59-2295595	Not Applica
Suite, Apt. #, :	elc.	Suite, Apt. /	V, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032. Yes 🔲 No
	9. Name and Address of Ci	urrent Registered Agent		10. Name and Address of New Reg	platered Agent
	N CATHIE		81 Name		

FILED May 08 1997 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional

MCFADDEN, CATHIE 1551 21ST STREET PALM HARBOR FL 34683 81 Name 82 Street 83 Street	poration's board of directors. I hereby accept the appointment as registered					
1551 21ST STREET PALM HARBOR FL 34883	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered					
PALM HARBOR FL 34683	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered					
PALM NANDOR PL 34003	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered					
84 City	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered					
	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE					
44 0	poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE					
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 Storiature Intend or consider among of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Signature hyped or punied name of registered agent and site if applicable. (NOTE: Registered Agent signature) 12. OFFICERS AND DIRECTORS 13.	ADDITIONO OF MINISTER OF THE PRINCE OF THE P					
TITLE PD DELETE 1.1 TITLE	Change Addition &					
NAME REESER, MICHAEL S 1.2 NAME	2					
STREET ADDRESS 446 SILVER MOSS LANE 1.3 STREET ADDRESS						
CITY-S1-ZIP TARPON SPRINGS FL 34689 1.4 CITY-ST-ZIP	Channe D Addition					
TITLE VPD LETE 2.1 TITLE	VPD ☐ Change ☐ Addition ○					
NAME LINDER, GARY 22 NAME	Michele Larson					
STREET ADDRESS 3863 TARIAN COURT 2.3 STREET ADDRESS	िरहा ज्ञास स					
CITY-ST-ZIP PALM HARBOR FL 34684 2.4 CITY-ST-ZIP	Palm Herbor Fz 34684					
TITLE SD DELETE 3.1 TITLE	SD Change Addition					
NAME MCFADOEN, CATHIE 3.2 NAME	Time Peters					
STREET ADDRESS 2435 INDIAN OAK CT 3.3 STREET ADDRESS	हिंदी राख स					
CITY-S1-ZIP PALM HARBOR FL 34683 34. CITY-ST-ZIP	Palm Harbor Fi 34684					
THLE T LL DELETÉ 4.1 TITLE	↑O Le Change Addition					
NAME KLIMAN, JUDY 4.2 NAME	Greg Astle					
STREET ADDRESS 1551 21ST STREET 4.3 STREET ADDRESS	1551 2145 St.					
CITY-ST-ZIP PALM HARBOR FL 34683 44 CITY-ST-ZIP TITLE PD 1 DELETE 5.1 TITLE	Palm Herbor Fe 34684					
_	Change (Abdillion					
NAME MASON, BILL 52 NAME						
STREET ADDRESS CITY-ST-ZIP 480 WILLOW LANE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP						
CHY-ST-ZIP PALM HARBOH FL 5.4 CHY-ST-ZIP THE SD FILETE 6.1 THE	Change Addition					
NAME ELLIOT, SARAH 62 NAME	The standard of the standard o					
STREET ADDRESS 414 ORIOLE CIRCLE 63 STREET ADDRESS	· ·					
CITY-SI-ZIP PALM HARBOR FL 64 CITY-SI-ZIP						
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption s	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.						