

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90015 028 ****61.25

DOCUMENT # 814702

1. Corporation Name

WOMAN'S DIVISION OF THE BOARD OF GLOBAL MINISTRIES
OF THE UNITED METHODIST CHURCH

Principal Place of Business

METHODIST CHURCH
475 RIVERSIDE DRIVE, RM 1503
NEW YORK N Y 10115

Mailing Address

METHODIST CHURCH
475 RIVERSIDE DRIVE, RM 1503
NEW YORK N Y 10115



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/02/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-5565087	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

CRIST, MS. DOLLIE
100 CONCOURSE DR.
TEQUESTA FL 33458

10. Name and Address of New Registered Agent

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMMEY, ALYCE C	1.2 NAME	
STREET ADDRESS	125 W 83RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINGLER, SARA	2.2 NAME	
STREET ADDRESS	210 LAKEWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKLOCK, GLORIA	3.2 NAME	
STREET ADDRESS	41 RODAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERGENNES IL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCIAGA, LUCY P	4.2 NAME	
STREET ADDRESS	2820 MOUNTAIN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EL PASO TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLS, CHRISTINE	5.2 NAME	
STREET ADDRESS	20 MILLSTONE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RANDALLSTOWN MD	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKAMINE, CONNIE J.	6.2 NAME	
STREET ADDRESS	475 RIVERSIDE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK FL	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:

Constance Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99

Date

212 870-3740

Daytime Phone #

CR2E037 (5/99)

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