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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N01197

1. Corporation Name

**GEORGE YOUNG MEMORIAL UNITED METHODIST CHURCH, I
NC.**

Principal Place of Business

2801 E. LAKE RD.
PALM HARBOR FL 34685-8819

Mailing Address

2801 E. LAKE RD.
PALM HARBOR FL 34685-8819



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/01/1984

4. FEI Number

59-2276646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**FREE, E. LEBRON
PARK PROFESSIONAL CENTER
2725 PARK DRIVE, SUITE 4
CLEARWATER FL 34623-8023**

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

TITILE **T** ☒ DELETE
NAME **PANGBORN, JERRY**
STREET ADDRESS **3131 TARPON WOODS BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITILE **T** ☒ DELETE
NAME **PALMER, VICTOR**
STREET ADDRESS **340 HOLLY HILL RD**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITILE **T** ☐ DELETE
NAME **JONES, VIRGINIA**
STREET ADDRESS **340 CYPRESS CREEK CIR**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITILE **T** ☐ DELETE
NAME **DURHAM, ELINOR**
STREET ADDRESS **1400 TARPON WOODS BLVD #H1**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITILE **T** ☐ DELETE
NAME **SCHROCK, CLAIR**
STREET ADDRESS **3368 PATTIE PLACE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITILE **T** ☒ DELETE
NAME **GARDNER, KEITH**
STREET ADDRESS **2860 ORANGE GROVE WAY**
CITY-ST-ZIP **PALM HARBOR FL 34684**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☐ Change ☒ Addition
1.2 NAME **Alex Agase**
1.3 STREET ADDRESS **1281 Pine Ridge Cir E Apt C2**
1.4 CITY-ST-ZIP **Tarpon Springs, FL 34689-6409** ☐ Change ☒ Addition

2.1 TITLE **T**
2.2 NAME **Peck, Ron**
2.3 STREET ADDRESS **4650 Aylesford Dr.**
2.4 CITY-ST-ZIP **Palm Harbor, FL 34685-4009** ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **T** ☐ Change ☒ Addition
6.2 NAME **Andrews, David**
6.3 STREET ADDRESS **4116 Moreno Dr**
6.4 CITY-ST-ZIP **Palm Harbor, FL 34685**

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 another like empowered.

SIGNATURE:

SIGNATURE: [Signature] TREAS 3/25/99 727-784-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)