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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:36

DOCUMENT # **N08774 (4)**

1. Corporation Name
UNITED METHODIST CHURCH OF PARRISH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
12140 69TH STREET, EAST 12140 69TH STREET, EAST
P.O. BOX 375 P.O. BOX 375
PARRISH FL 34219 PARRISH FL 34219

3. Date Incorporated or Qualified 04/18/1985	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2384853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**ANSTETT, RON
3649 WILDERNESS BLVD. W.
PARRISH FL 34219**

10. Name and Address of New Registered Agent
81 Name **Mr. Thomas Dean**
82 Street Address (P.O. Box Number is Not Acceptable)
3017 Pindo Palm Place
83
84 City **Ellenton** FL 85 Zip Code **34222**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Thomas Dean*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT ANSTETT, RON 3649 WILDERNESS BLVD., W. PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MCGOWAN, PEG 3011 92ND AVE., E. PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DONICE, MICHAEL 7118 122ND AVENUE, EAST PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEAN, THOMAS 3017 PINDO PALM PLACE ELLENTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EDWARDS, RON 7001 121ST AVE., E. PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KING, CAROLYN P. O. BOX 190 N/A PARRISH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	CT Dean, Thomas 3017 Pindo Palm Place Ellenton, FL 34222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	VT Edwards, Ron 7001 121st Ave. E. Parrish, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	ST King, Carolyn P.O. Box 190 N/A Parrish, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	T McGowan, Peg 3011 92nd Ave. E. Parrish, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	T Juday, Robert P.O. Box 1637 N/A Bradenton, FL 34206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	T Guthrie, Howard P.O. Box 152 N/A Parrish, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 *Thomas Dean* Thomas Dean 4/5/95 (813) 729-3882
Signature and typed or printed name of signing officer or director Date Expiration Date

NO 8774

Supplement of Additional Officers

7.1 T Change x Addition
7.2 McCall, Melva
7.3 P.O. Box 225 N/A
7.4 Parrish, FL 34219

8.1 T Change x Addition
8.2 Tarr, Rose
8.3 3407 Eva Place
8.4 Ellenton, FL 34222

9.1 T
9.2 Walker, Charles Change x Addition
9.3 P.O. Box 174 N/A
9.4 Parrish, FL 34219