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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N08774

1. Corporation Name

UNITED METHODIST CHURCH OF PARRISH, INC.

Principal Place of Business

12180 US HWY 301  
 P.O. BOX 375  
 PARRISH FL 34219

Mailing Address

12140 69TH STREET E.  
 P.O. BOX 375  
 PARRISH FL 34219



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/18/1985

22 City & State

27 City & State

4. FEI Number  
 59-2384853

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MR ROBERT RANSFORD  
 9927 CAPE HAZE CIR  
 PARRISH FL 34219

81 Name John L. Hamilton

82 Street Address (P.O. Box Number is Not Acceptable)  
 4311 36th Ave E.

83  
 84 City Palmetto

FL 85 Zip Code 34221

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 *John L. Hamilton* John L. Hamilton 2/28/99 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	COOPER, KATHY	
STREET ADDRESS	P O BOX 483 N/A	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIDSON, JOHN	
STREET ADDRESS	3108 107TH ST E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAKIN, JERRY	
STREET ADDRESS	13115 65TH ST E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WOLF, JOE	
STREET ADDRESS	3320 DENISE DR	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	HORNSBY, GARY	
STREET ADDRESS	2908 COUNTRY RIVER DR.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	RANSFORD, ROBERT	
STREET ADDRESS	9927 CAPE HAZE CIRCLE	
CITY-ST-ZIP	PARRISH FL 34219	

1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALKER, KATHY	
1.3 STREET ADDRESS	7326 SPENCER PARRISH RD.	
1.4 CITY-ST-ZIP	PARRISH, FL 34219	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVIDSON, JOHN	
2.3 STREET ADDRESS	3108 107TH ST. E.	
2.4 CITY-ST-ZIP	PALMETTO, FL 34221	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAKIN, JERRY	
3.3 STREET ADDRESS	13115 65TH ST E	
3.4 CITY-ST-ZIP	PARRISH, FL 34219	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARY, TERRY	
4.3 STREET ADDRESS	5509 79TH AVE. E.	
4.4 CITY-ST-ZIP	PALMETTO, FL 34221	
5.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RANSFORD, ROBERT	
5.3 STREET ADDRESS	9927 CAPE HAZE CIRCLE	
5.4 CITY-ST-ZIP	PARRISH, FL 34219	
6.1 TITLE	CT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HAMILTON, JOHN	
6.3 STREET ADDRESS	4311 36TH AVE. E.	
6.4 CITY-ST-ZIP	PALMETTO, FL 34221	

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: *John L. Hamilton* John L. Hamilton 2/28/99 941-722-0741

CR2E037 (11/98)