

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:22

DOCUMENT # **N10325** (1)  
1. Corporation Name  
**GULF COVE UNITED METHODIST CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
1100 MCCALL RD PT CHARLOTTE FL 33981 US  
1100 MCCALL RD PT CHARLOTTE FL 33981 US

3. Date Incorporated or Qualified **07/19/1985** 3a. Date of Last Report **03/10/1994**  
4. FEI Number **59-2450154** Applied For  Not Applicable

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

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TENDAM, HAROLD L.  
14300 CONWAY ROAD  
PORT CHARLOTTE FL 33981**

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 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	MOORE, RANDALL
STREET ADDRESS	5584 GILLOT BLVD
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	P
NAME	STEENROD, RICHARD
STREET ADDRESS	2217 OLEADA COURT
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D
NAME	HENRY, HOWARD H.
STREET ADDRESS	7304 VAN LAKE DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D
NAME	DIXON, JOYCE
STREET ADDRESS	12509 BAGGUS ROAD
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	DS
NAME	WARDELL, DONNA
STREET ADDRESS	2312 PAPPAS TERR
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D
NAME	VAN GELDER, GORDON
STREET ADDRESS	97 MARK TWAIN LANE
CITY-ST-ZIP	ROTONDA W. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Gross, Tom
4.3 STREET ADDRESS	15290 Addax Ave
4.4 CITY-ST-ZIP	Port Charlotte, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Shreve, Gerda
6.3 STREET ADDRESS	13591 Martha Ave.
6.4 CITY-ST-ZIP	Port Charlotte, FL

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(9)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold L. Tendam 3-10-95 697-3563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #