

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10325 (1)**  
1. Corporation Name  
**GULF COVE UNITED METHODIST CHURCH, INC.**



Principal Place of Business <b>1100 MCCALL RD PT CHARLOTTE FL 33961 US</b>	Mailing Address <b>1100 MCCALL RD PT CHARLOTTE FL 33961-2538 US</b>
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3. Date Incorporated or Qualified <b>07/19/1985</b>	3a. Date of Last Report <b>02/09/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2450154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MOORE, RANDALL
STREET ADDRESS	5584 GILLOT BLVD
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WINTERROSE, THOMAS
STREET ADDRESS	11000 PLACIDA ROAD
CITY-ST-ZIP	PLACIDA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZIMMERMAN, MARTIN
STREET ADDRESS	4720 KEMPSON
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FUNNI, TRISHA
STREET ADDRESS	1100 MCCALL ROAD
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	WARDELL, DONNA
STREET ADDRESS	2312 PAPPAS TERR
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SHREVE, GERDA
STREET ADDRESS	13591 MARTHA AVE
CITY-ST-ZIP	PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD STEENROD
1.3 STREET ADDRESS	2217 OLBAON CT
1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Harold L. Tendam **HAROLD L. TENDAM** 1-22-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075482

CF2E037 (9/96)