

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra P. Morton, Secretary of State  
DIVISION OF CORPORATIONS

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

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

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 Tom Winterrose  
82 Street Address (P.O. Box Number is Not Acceptable) 13770 Palmetto Point Ct.  
83  
84 City Port Charlotte, FL FL 85 Zip Code 33953

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 *Tom Winterrose* DATE 4/27/98  
Signature of and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	C STEENROD, RICHARD
STREET ADDRESS	2217 OLEADA COURT
CITY-ST-ZIP	ENGELWOOD FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P WINTERROSE, THOMAS
STREET ADDRESS	11000 PLACIDA ROAD
CITY-ST-ZIP	PLACIDA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ZIMMERMAN, MARTIN
STREET ADDRESS	4720 KEMPSON
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D FUNNI, TRISHA
STREET ADDRESS	1100 MCCALL ROAD
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DS WARDELL, DONNA
STREET ADDRESS	2312 PAPPAS TERR
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T Dick Peters
1.3 STREET ADDRESS	12366 Quinlan
1.4 CITY-ST-ZIP	Port Charlotte, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donna Dillon
2.3 STREET ADDRESS	9397 San Bernadion Ave.
2.4 CITY-ST-ZIP	Englewood, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Frank Pugh
3.3 STREET ADDRESS	5233 Glassland Terr.
3.4 CITY-ST-ZIP	Port Charlotte, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Pat McKinzie
4.3 STREET ADDRESS	1235 Oxford Drive S.
4.4 CITY-ST-ZIP	Englewood, FL 34223
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T David Carole
5.3 STREET ADDRESS	13390 Bronze Ave.
5.4 CITY-ST-ZIP	Port Charlotte, FL 33981
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T Gladys Womersley
6.3 STREET ADDRESS	10145 Post Office
6.4 CITY-ST-ZIP	Englewood, FL 34224

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.

SIGNATURE: *Thomas Winterrose* 3/30/98 041 697 1247

CFR2E037 (10/97)