## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N10325**

1. Corporation Name

GULF COVE UNITED METHODIST CHURCH, INC.

Principal Place of Business								
1100 MCCALL RD PT CHARLOTTE FL 33981								
HE CHARLOTTE PL 33901								

Mailing Address

**FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90004 041 \*\*\*\*61.25

1100 MCCALL RD PT CHARLOTTE FL 33981 US  1100 MCCALL RD PT CHARLOTTE FL 33 US										
├ <del></del>	Place of Business	2a. Mailing Addres	Mailing Address			Date Incorporated or Qualifed 07/19/1985				
21		26			4. FEI Number				i	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2450154		<del>                                     </del>	plied For t Applicable	١.	
22 City & Stat		27 City & State	27 City & State			30 2430 134		\$8.75 A		-
<u></u>	le .	28	<del></del>			5. Certifcate of Status Desired		Fee Rec		ŀ
Zip	Country	Zip	D Country			6. Election Campaign Financing		\$5.00	May Be	
24	25	29	30	•		Trust Fund Contribution		Added to Fees		
	9. Name and Address of Current					10. Name and Address of New	Registered A	Agent		
				81	Name				•	ŀ
	OSE, TOM		82			ess (P.O. Box Number is Not Accept	able) ,	+		
	LMETTO POINT CT		83							
PORT CH	ARLOTTE FL 33953							<del></del>		
				84	City		FL	85 Zip C		
office or i agent. I a SIGNATURE	to the provisions of Sections 617.0502 registered agent, of both, in the State of am familiar with, and accept the obligation of familiar with a state of familiar with a s	w			the corporation		pt the appoin	199	jistered	٥
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN			1 5
TITLE	T	☐ DELETE 1.1 TI		TLE	Ţ			Change	Addition	3
NAME	PETERS, DICK		1.2 N	AME	,	Brian Finnerty				5
STREET ADDRESS			1.3 S	TREET		329 Riley Lane	22001		ļ	ļ
CITY-ST-ZIP	PT CHARLOTTE FL 33981			ITY-S1	r-ZIP L	Port Charlotte, FL	33981	Change	Addition	1 8
TITLE	P	☐ DEI	1					Change	☐ Addidon	`
NAME	DILLON, DONNA		2.2 N						ļ	
STREET ADDRESS	SOOT OF THE DESIGNATION AND			ADDRESS						
CITY-ST-ZIP TITLE	ENGLEWOOD FL 34224	DEI		TLE	1-ZIP	<del></del>		Change	Addition	-
NAME	PUGH, FRANK	3.1 N						_ •	7	
STREET ADDRESS		V-1/1/1			ADDRESS :					
CITY-ST-ZIP	PORT CHARLOTTE FL 33981			CITY-S	1					
TITLE	T	☐ DELETE 4.1 TI						Change	☐ Addition	1
NAME	MCKINZIE, PAT		4.21	IAME						
STREET ADDRESS	1		4.3 \$	TREET	FADDRESS				-	
CITY-ST-ZIP	ENGLEWOOD FL 34223	4.4 C			T-ZIP					
TITLE	T	☐ DEI	DELETE 5.1 TI		- 1			☐ Change	Addition	
NAME	CAROLE, DAVID		5.2 N							1
STREET ADDRESS			le le		TADORESS					
CITY-ST-ZIP	PT CHARLOTTE FL 33981			ITY-S	T-ZIP			[] Ch	☐ Addition	1
TITLE	I T	☐ DEI	LETE 6.1 T	HLE	I			Change		1

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 chapted, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

WOMERSLY, GLADYS

ENGLEWOOD FL 34224

10145 POET PLACE

STREET ADDRESS

CITY-ST-ZIP

Treasurer