

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



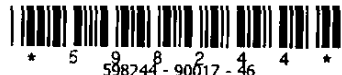
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 29, 1999 8:00 am  
Secretary of State

07-29-1999 90017 046 \*\*\*\*61.25

DOCUMENT # N36314 ✓  
1. Corporation Name  
UNITED METHODIST MEN OF GULF COVE, INC.

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/22/1990
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	65-0256388
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENDAM, HAROLD  
9372 ARNAZ CIR  
PT CHARLOTTE FL 33981

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENDAM, HAROLD	1.2 NAME	
STREET ADDRESS	9372 ARNAZ CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEERS, MALCOM	2.2 NAME	
STREET ADDRESS	6366 CONISTON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REWEE, MILTON	3.2 NAME	
STREET ADDRESS	9358 HEARTWELLVILLE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	DAT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, RICHARD	4.2 NAME	
STREET ADDRESS	12366 QUINLAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33981	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RANDALL	5.2 NAME	
STREET ADDRESS	5584 GILLOT BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EUGENE	6.2 NAME	
STREET ADDRESS	3737 EL JOBERN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	6.4 CITY-ST-ZIP	

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: HAROLD TENDAM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99 (941) 697-3563  
Date Daytime Phone #

CR2E037 (5/99)