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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N39651**

1. Corporation Name
BEAR LAKE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
1010 BEAR LAKE RD. APOPKA FL 32703	1010 BEAR LAKE RD. APOPKA FL 32703

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/23/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2375256 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLACE, CHARLES 1010 BEAR LAKE RD APOPKA FL 32703	81 Name: GOLDSTEIN, ART 82 Street Address (P.O. Box Number is Not Acceptable) 83: 1010 BEAR LAKE RD. 84 City: APOPKA FL 85 Zip Code: 32703

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] 1/31/99
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	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	WALLACE, CHARLES		1.2 NAME	GOLDSTEIN, ART	
STREET ADDRESS	845 BAYBREEZE LANE		1.3 STREET ADDRESS	805 MILLRACE PT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32750	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STUART, DAVID		2.2 NAME		
STREET ADDRESS	2717 CANTER CLUB TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	ROSE, MARTHA		3.2 NAME	AIKEN, VERONICA	
STREET ADDRESS	5351 HILLOCK WAY		3.3 STREET ADDRESS	480 TIMBERWOLF TRAIL	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HIPP, WAYNE		4.2 NAME		
STREET ADDRESS	218 CAMBRIDGE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROOKOVER ELLA		5.2 NAME		
STREET ADDRESS	418 SAN SEBASTIAN PRADO		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: [signature] SIGNATURE REQUIRED DAVID STUART 1/31/99 407 880-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)