

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41141 (5)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF SARASOTA PROPERTIES, INC.

Principal Place of Business

**104 SO. PINEAPPLE AVE.
SARASOTA FL 34236**

Mailing Address

**104 SO. PINEAPPLE AVE.
SARASOTA FL 34236**



3. Date Incorporated or Qualified
12/04/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
65-0240218

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**EDWARDS, FRANK REV
104 S PINEAPPLE AVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81

Name
D. L. Webber

82

Street Address (P.O. Box Number is Not Acceptable)
5336 Charmes Ct.

83

Sarasota, Fl. 34235

84

City
Sarasota,

FL

85 Zip Code
34235

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, to 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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

4/26/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENINGTON, ALICE S.	
STREET ADDRESS	2206 SUNNYSIDE LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WEBBER, D L	
STREET ADDRESS	5336 CHARMES CT	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EVANS, DOROTHY M	
STREET ADDRESS	5659 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUTLEDGE, WILLIAM N	
STREET ADDRESS	8017 BOBCAT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. L. Webber	
1.3 STREET ADDRESS	5336 Charmes Ct.	
1.4 CITY-ST-ZIP	Sarasota, Fl. 34235	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	None	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D. L. Webber, President/Director

4-26-96

(941) 371-2945

Date

Daytime Phone #

CR2E037 (12/95)