

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41141** (5)

1. Corporation Name

**FIRST UNITED METHODIST CHURCH OF SARASOTA PROPER  
TIES, INC.**



Principal Place of Business <b>104 SO. PINEAPPLE AVE. SARASOTA FL 34236</b>		Mailing Address <b>104 SO. PINEAPPLE AVE. SARASOTA FL 34236</b>		3. Date Incorporated or Qualified <b>12/04/1990</b>	
				4. FEI Number <b>65-0240218</b>	
				Applied For Not Applicable	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country			
		30			

9. Name and Address of Current Registered Agent

**JOHNSON, DAVID A  
104 S. PINEAPPLE AVE.  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID A	1.2 NAME	
STREET ADDRESS	6426 ADDINGTON PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	UNIVERSITY PARK FL	1.4 CITY-ST-ZIP	
TITLE	VPO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINCHCOMB, HAROLD	2.2 NAME	VICE-PRESIDENT/DIRECTOR
STREET ADDRESS	4966 VINSON WAY	2.3 STREET ADDRESS	DONALD R. JOHNSON, SR.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	10880 LANNON LANE
TITLE	SD	3.1 TITLE	SARASOTA, FL. 34240
NAME	EDENS, EDITH	3.2 NAME	SECRETARY/DIRECTOR
STREET ADDRESS	1750 BEN FRANKLIN DR., ATP. 8-A	3.3 STREET ADDRESS	CHARLES BOUTON
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	4058 VIA MIRADA
TITLE	TD	4.1 TITLE	SARASOTA, FL. 34238
NAME	BOUTON, CHARLES	4.2 NAME	
STREET ADDRESS	4058 VIA MIRANDA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*David A. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.98

Date

941-955-0235

Daytime Phone # 941-955-0235

CR2E037 (10/97)