### 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 # N41141**

1. Corporation Name

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

Principal Place of Business 104 SO. PINEAPPLE AVE.

2. Principal Place of Business

SARASOTA FL 34236

21

Mailing Address

104 SO. PINEAPPLE AVE. SARASOTA FL 34236

2a. Mailing Address

26

# FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90038 019 \*\*\*\*61.25



3. Date Incorporated or Qualifed

12/04/1990

Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		Appl	ied For	
22	~	27			65-0240218	<u>سيم-</u>	Not.	Applicable	
City & Stat		City & State	City & State		5. Certificate of Status Desired	\$8	3.75 Ad	ditional	
23		28			5. Certificate of Status Desired		Fee Req	uired	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$	<b>5.00</b> M	lay Be	
24	25	29 30			Trust Fund Contribution		Added to	Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				Name Donald R. Johnson Sr.					
JOHNSON, DAVID A			82 Street Address (P.O. Box Number is Not Acceptable)						
104 S. PINEAPPLE AVE.			10880 Lannon Lane						
SARASOTA FL 34236			83 C TT 2/2/0						
· · · · · · · · · · · · · · · · · · ·			Sarasota, FL 34240  84 City 85 Zip Code						
				Sarasota FL 34240					
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 femiliar with, and apopt the obligations of pection 617.0503, Florida Statutes.									
(1) $(1)$									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agent signs	ature required wh	hen reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS AND DI	RECTOR	S IN 12	
TITLE	PD	<b>≥</b> DELETE	1.1 TITLE	PD		X	hange	☐ Addition	
NAME	JOHNSON, DAVID A		1.2 NAME	Doma	ald R. Johnson, Sr.			İ	
STREET ADDRESS			1.3 STREET ADDR	<b>I</b>	-				
			1.4 CITY-ST-ZIP	-000	Sarasota, FL 34240				
CITY-ST-ZIP	VPD	DELETE	2.1 TITLE	VPD	150ta, FL 51240	<b>2</b> X) (	hange	Addition	
	JOHNSON, DAONLAD R SR	,~	2.2 NAME	Laur	ra Wiggins	_		į	
NAME	4000 1 44000 1 4400			I .	130 Odgen Street				
STREET ADDRESS			2/3/5				ľ		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Jane	230ta, 111 5-12-12	Πí	Change	Addition	
TITLE									
NAME	500,014,0141,025		3.2 NAME						
STREET ADDRESS	1000 1011111111111111111111111111111111		3.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34238		3.4. CITY-ST-ZIP	· _			Change	☐ Addition	
T/TLE	_		4.1 TITLE			L),	andinge	☐ Addition	
NAME	BOUTON, CHARLES		4. 2 NAME	į				1	
STREET ADDRESS	4058 VIA MIRANDA		4.3 STREET ADDR	RESS					
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP					<b>57.1.0</b> %	
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME					Ì	
STREET ADDRESS			5.3 STREET ADD	RESS				ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE	,	☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME					ł	
STREET ADDRESS		:	6.3 STREET ADDR	RESS				j	
CITY OF TIP			6.4 CITY-ST-ZIP					ł	

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:

SILIAZUTE BOURES

4.50-41

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