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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000769 (1)

1. Corporation Name

THE NOCATEE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 393
NOCATEE FL 33864-9999P.O. BOX 393
NOCATEE FL 34268-03933. Date Incorporated or Qualified
12/15/19923a. Date of Last Report
02/26/19964. FEI Number
65-0393818Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELLERS, J. B
4812 SW PROVAU AVE
ARCADIA FL 3382181 Name S. M. CORBITT
82 Street Address (P.O. Box Number is Not Acceptable)
83 5898 SW SHORES AV
84 City NOCATEE FL 85 Zip Code 3426811. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME SELLERS, J.B.
STREET ADDRESS 4812 SW OPROVAU AVE.
CITY-ST-ZIP ARCADIA FL 338211.1 TITLE P ☒ Change ☐ Addition
1.2 NAME S. M. CORBITT
1.3 STREET ADDRESS 5898 SW SHORES AV
1.4 CITY-ST-ZIP NOCATEE FL 34268TITLE S ☐ DELETE
NAME BROWN, FRANCIS
STREET ADDRESS 775 SW 25TH ST.
CITY-ST-ZIP ARCADIA FL 338212.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☒ DELETE
NAME MARRY, N. KEITH
STREET ADDRESS P O BOX 2737 N/A
CITY-ST-ZIP ARCADIA FL3.1 TITLE T Sidney Webb ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2692 NE Hwy 70 Lot 601
3.4 CITY-ST-ZIP Arcadia FL 34266TITLE T ☐ DELETE
NAME REED, ROBERT
STREET ADDRESS 1121 TOWNSEND AVENUE EASR
CITY-ST-ZIP ARCADIA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TR ☐ DELETE
NAME HAMILTON, RUTH
STREET ADDRESS P.O. BOX 636 N/A
CITY-ST-ZIP NOCATEE FL 338645.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97

941-494-7467

CR2E037 (9/96)