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FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandry B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000769 (1)**

1. Corporation Name

**THE NOCATEE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 383  
NOCATEE FL 32064-0383  
34268

P.O. BOX 383  
NOCATEE FL 32064-0383  
34268

3. Date Incorporated or Qualified

12/15/1992

4. FEI Number

65-0393818

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SM CORBITT  
5898 SW SHOREY AVE  
NOCATEE FL 34268~~


DELETE

81 Name

82 Stre

83

84 City

 Melvin J. Bending  
2692 NE Hwy. 70-537  
Arcadia, FL 34268

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

5-1-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
SM CORBITT  
5898 SW SHORES AVE  
NOCATEE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
BROWN, FRANCIS  
775 SW 25TH ST.  
ARCADIA FL 32021

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
SIDNEY WEBB  
2692 NE HWY 70 LOT 601  
ARCADIA FL 34266

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
REED, ROBERT  
1121 TOWNSEND AVENUE EASR  
ARCADIA FL 34266

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TR  
HAMILTON, RUTH  
P.O. BOX 636 N/A  
NOCATEE FL 32064


☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Nocatee 34268

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

 Melvin J. Bending  
2692 NE Hwy. 70-537  
Arcadia, FL 34268

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-98

Daytime Phone #

941-494-7467

0074491

CR2E037 (10/97)