

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90032 034 ****61.25

DOCUMENT # N92000000769

1. Corporation Name

THE NOCATEE UNITED METHODIST CHURCH, INC.

Principal Place of Business

P.O. BOX 393
NOCATEE FL 34268
US

Mailing Address

P.O. BOX 393
NOCATEE FL 34268
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0393818	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

BENDING, MELVIN J
2692 NE HWY 70-537
ARCADIA FL 34266

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDING, MELVIN J	1.2 NAME	
STREET ADDRESS	2692 NE HWY 70-537	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FRANCIS	2.2 NAME	
STREET ADDRESS	775 SW 25TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDNEY WEBB	3.2 NAME	
STREET ADDRESS	2692 NE HWY 70 LOT 601	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ROBERT	4.2 NAME	
STREET ADDRESS	1121 TOWNSEND AVENUE EASR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, RUTH	5.2 NAME	
STREET ADDRESS	P.O. BOX 636 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE FL 34268	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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)