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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002188 (8)

1. Corporation Name

SUN CITY CENTER UNITED METHODIST CHURCH SAMARITA N FUND, INC.

Principal Place of Business	Mailing Address
1210 DEL WEBB SUN CITY CENTER FL 33573	1210 DEL WEBB SUN CITY CENTER FL 33573

3. Date Incorporated or Qualified: 04/18/1996

4. FEI Number: 59-3377071 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
NYMARK, DENNIS V 110 S. PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BARTLEY, HAROLD W		1.2 NAME	Zimmerman, Aaron	
STREET ADDRESS	1210 DEL WEBB		1.3 STREET ADDRESS	2244 Grenadier Dr.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573		1.4 CITY-ST-ZIP	Sun City Center,Fl 33573	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPRAGUE, ASA		2.2 NAME		
STREET ADDRESS	1210 DEL WEBB		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, LEE		3.2 NAME		
STREET ADDRESS	1210 DEL WEBB		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOREFIELD, CLARENCE		4.2 NAME		
STREET ADDRESS	1210 DEL WEBB		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTLEY, BEATRICE		5.2 NAME		
STREET ADDRESS	1210 DEL WEBB		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIES, MARION		6.2 NAME		
STREET ADDRESS	302 CANTON CT., #C-70		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Harold W. Bartley Harold W. Bartley 3/2/98 813 633 1217