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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N98000003804**

1. Corporation Name

ALLEN MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
208 PACE PARKWAY CANTONMENT FL 32533-1228	208 PACE PARKWAY CANTONMENT FL 32533-1228

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 06/29/1998

4. FEI Number: 59-3429897 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAILEY, ROBERT J
208 PACE PARKWAY
CANTONMENT FL 32533-1228

10. Name and Address of New Registered Agent

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	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LACY, FRED		1.2 NAME		
STREET ADDRESS	1032 PINETOP #4		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	PIPPEN, FRANK		2.2 NAME	PIPPIN, FRANK	
STREET ADDRESS	4479 CHESTNUT ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINO FL 32577		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, KAYE		3.2 NAME		
STREET ADDRESS	1876 CHAVERS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ANN		4. 2 NAME		
STREET ADDRESS	2469 CHANCE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINO FL 32577		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CURRAN, RUSSELL		5.2 NAME		
STREET ADDRESS	1205 GOLDENROD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ENGLAND, CATHY		6.2 NAME		
STREET ADDRESS	806 COULTER AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Stan Mc[illegible] **REQUIRED** Pastor 1/24/99 850 968 6213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #