

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720150 (2)**

1. Corporation Name  
**FIRST METHODIST CHURCH, INC. OF VALPARAISO, FLORIDA**

Principal Place of Business HWY 190 VALPARAISO VALPARAISO FL 32580 US	Mailing Address HIGHWAY 85, P.O. BOX 207 VALPARAISO FL 32580
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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

**FILED**

1995 AUG -3 AT 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1971	3a. Date of Last Report 04/06/1994
4. FEI Number 59-2124400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RICHARDSON, TRAVIS L.  
 217 DAVIS DR.  
 NICEVILLE FL 32578**

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

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, JEANETTE
STREET ADDRESS	309 EDREHI DRIVE
CITY - ST - ZIP	NICEVILLE, FL 00000
TITLE	PD
NAME	DIETRICH, LAWSON J
STREET ADDRESS	712 POWELL DRIVE
CITY - ST - ZIP	NICEVILLE, FL 00000
TITLE	D
NAME	BOISVER, MAVIS M.
STREET ADDRESS	1310 ALS DR.
CITY - ST - ZIP	NICEVILLE FL
TITLE	VT
NAME	RICHARDSON, GILDA R
STREET ADDRESS	217 DAVIS DRIVE
CITY - ST - ZIP	NICEVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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; and that my name 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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address change. Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address change.

SIGNATURE: *Gilda R. Richardson* **GILDA RICHARDSON**  
 217 DAVIS DR  
 NICEVILLE FL 32578

1/27/95 904-678-4427  
 Daytime Phone #