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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

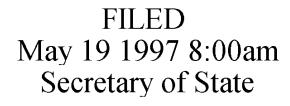
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

720150

FIRST METHODIST CHURCH, INC. OF VALPARAISO, FLOR





	e of Business	Mailing Address			I I			
HWY 190 VALPARAISO VALPARAISO FL 32580		HIGHWAY 85. P.O. BOX 207 VALPARAISO FL 32580-0207						
US					3. Date Incorporated or Qualified 01/29/1971	3a. Date o	f Last Re /24/19	sport 96
2. Principal P	lace of Business	2a. Mailing Address	***************************************		4. FEI Number			plied For
21		26			59-2124400			t Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 /	Additional
22		27			5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & Stat	е	City & State			6. Election Campaign Financing		5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation has liability fo			199.032,
24	25	29	30			Yes X N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New F	legistered Age	nt	
			81	Name				
RICHAR	DSON, TRAVIS L.		82 Street Ad		Address (P.O. Box Number is Not Acceptable)			
217 DAVIS DR.					· · · · · · · · · · · · · · · · · · ·	···		
NICEVIL	LE FL 32578		83					
			84	City		- IB	Zin (Code
				•		FLI	1 '	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statut	es, the above	-named cor	poration submits this statement for the	purpose of cha	inging it	s registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e or Florida. Such change was a stations of, Section 617.0503. Flo	autnorized by orida Statutes	tne corpora :	rporation submits this statement for the ation's board of directors, I hereby acc	ept the appoint	ment as	registered
SIGNATURE		,						
SIGNATURE								
	Signature, typed or printed name of registered ag-	ent and title if applicable (NOT	E: Registered Age	ni signatura requ	uired when reinstating)	DATE		
12.		ent and title if applicable (NOT ID DIRECTORS	E: Registered Age 13.	ni signatura requ	uired when reinstating) ADDITIONS/CHANGES TO OFF		RECTOR	S IN 12
12. 71TLE				ni signature requ		ICERS AND DIF	RECTOR Change	
	OFFICERS AN	ID DIRECTORS	13.	ni signature requ		ICERS AND DIF		
TITLE	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE			ICERS AND DIF		
TITLE NAME	D BROWN, JEANETTE 309 EDREHI DRIVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS		ICERS AND DIF		
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