

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90011 027 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 720150**

1. Corporation Name

**FIRST METHODIST CHURCH, INC. OF VALPARAISO, FLORIDA**

617393-90011-97 3 \*

Principal Place of Business

HWY 190 VALPARAISO  
 VALPARAISO FL 32580  
 US

Mailing Address

HIGHWAY 85. P.O. BOX 207  
 VALPARAISO FL 32580



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/29/1971  
 4. FEI Number  
**59-2124400**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

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

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 **D**  DELETE  
 NAME **BROWN, JEANETTE**  
 STREET ADDRESS **309 EDREHI DRIVE**  
 CITY-ST-ZIP **NICEVILLE, FL 00000**

1.1 TITLE  Change  Addition  
 1.2 NAME **D MAHLES, FRANK**  
 1.3 STREET ADDRESS **26 HEMLOCK NW**  
 1.4 CITY-ST-ZIP **FT WALTON BCH., FL 32548**

TITLE **PD**  DELETE  
 NAME **DIETRICH, LAWSON J**  
 STREET ADDRESS **712 POWELL DRIVE**  
 CITY-ST-ZIP **NICEVILLE, FL 00000**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **RICHARD R. ELLIS**  
 STREET ADDRESS **484 VALPARAISO PKWY**  
 CITY-ST-ZIP **VALPARAISO FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **VT**  DELETE  
 NAME **RICHARDSON, GILDA R**  
 STREET ADDRESS **217 DAVIS DRIVE**  
 CITY-ST-ZIP **NICEVILLE, FL 00000**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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:

**GILDA RICHARDSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gilda Richardson* 9/2/99 805-698-4439

CR2E037 (5/99)

0013140