

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732726 (5)**  
1. Corporation Name  
**DUNNELLOM PRESBYTERIAN CHURCH, INC.**



Principal Place of Business <b>20657 CHESTNUT STREET DUNNELLOM FL 34431 US</b>	Mailing Address <b>P.O. BOX 1069 DUNNELLOM FL 34430 US</b>
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3. Date Incorporated or Qualified <b>05/09/1975</b>		
4. FEI Number <b>59-1786379</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent  
**LEDBETTER, REV DR ROBERT  
20641 CHESTNUT ST  
DUNNELLOM FL 34431**

10. Name and Address of New Registered Agent

81. Name <b>Rev. Jeffrey W. Welch</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>20641 Chestnut Street</b>
83. City
84. City <b>Dunnellon</b>
85. Zip Code <b>FL 34431</b>

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: *Jeffrey W. Welch* **Jeffrey W. Welch, Pastor** DATE: **3-18-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHURCH, HUGH</b>	
STREET ADDRESS	<b>9065 SW 209 CIRCLE</b>	
CITY-ST-ZIP	<b>DUNNELLOM FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAKE, CHARLINE</b>	
STREET ADDRESS	<b>13550 SW STATE ROAD 200</b>	
CITY-ST-ZIP	<b>DUNNELLOM FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIGHT, SUZAN</b>	
STREET ADDRESS	<b>9445 SW 192 COURT ROAD</b>	
CITY-ST-ZIP	<b>DUNNELLOM FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, CHARLES J</b>	
STREET ADDRESS	<b>P O BOX 489 NA</b>	
CITY-ST-ZIP	<b>DUNNELLOM FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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: *Sheela W. Smith* **Sheela W. Smith, Church** DATE: **3-18-98** TELEPHONE: **352/489-8344**

CR2E037 (10/97)