

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734149 (8)**  
1. Corporation Name  
**GEORGIANA UNITED METHODIST CHURCH, INC.**



Principal Place of Business <b>3925 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 US</b>	Mailing Address <b>3925 S. TROPICAL TRAIL MERRITT ISLAND FL 32952-6225 US</b>
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3. Date Incorporated or Qualified <b>10/23/1975</b>	3a. Date of Last Report <b>06/06/1996</b>
4. FEI Number <b>59-2113927</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**ATKINSON, JOHN L.  
3925 WILD PINE LANE  
MERRITT ISLAND FL 32952**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> Zip Code

**FL**

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	
TITLE <b>TRUS</b>	<input type="checkbox"/> DELETE
NAME <b>WARING, AVIS</b>	<b>530 RAKSONY LANE</b>
STREET ADDRESS <b>4165 CROOKED MILE RD</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL 32952</b>	
TITLE <b>TRUS</b>	<input type="checkbox"/> DELETE
NAME <b>STEELE, KEVIN</b>	
STREET ADDRESS <b>688 MILLWHEEL DR.</b>	<b>830 Carambola DRIVE</b>
CITY-ST-ZIP <b>MERRITT ISLAND FL 32952</b>	
TITLE <b>TRUS</b>	<input type="checkbox"/> DELETE
NAME <b>ATKINSON, JOHN L.</b>	
STREET ADDRESS <b>3925 WILD PINE LANE</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL 32952</b>	
TITLE <b>TRUS</b>	<input type="checkbox"/> DELETE
NAME <b>RAMON, MEA</b>	<b>VICE CHAIR</b>
STREET ADDRESS <b>222 WARREN ST.</b>	<b>2350 PINEAPPLE PLACE</b>
CITY-ST-ZIP <b>MERRITT ISLAND FL 32952</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GARNER, JOHN</b>	
STREET ADDRESS <b>190 WARING WAY</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HANSEN, KAREN</b>	
STREET ADDRESS <b>689 MILLWHEEL DR</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>TRUS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>MONSIEY, WILLIAM</b>	
1.3 STREET ADDRESS <b>2570 SYKES CREEK DRIVE</b>	
1.4 CITY-ST-ZIP <b>MERRITT ISLAND, FL 32953</b>	
2.1 TITLE <b>TRUS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>GLAM, BILL</b>	
2.3 STREET ADDRESS <b>4325 STILLWATERS DRIVE</b>	
2.4 CITY-ST-ZIP <b>MERRITT ISLAND FL 32952</b>	
3.1 TITLE <b>TRUS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>CURRY, TOM, JR</b>	
3.3 STREET ADDRESS <b>1255 LESLIE DRIVE</b>	
3.4 CITY-ST-ZIP <b>MERRITT ISLAND, FL 32952</b>	
4.1 TITLE <b>TRUS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>THIRWELL, CATHY</b>	
4.3 STREET ADDRESS <b>4055 OLD SETTLEMENT ROAD</b>	
4.4 CITY-ST-ZIP <b>MERRITT ISLAND, FL 32952</b>	
5.1 TITLE <b>TRUS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>BROKAW, JERRY</b>	
5.3 STREET ADDRESS <b>1313 SHADY LAKE</b>	
5.4 CITY-ST-ZIP <b>MERRITT ISLAND, FL 32952</b>	
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 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.

CR2E037 (9/96)