


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90137 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 734149 1. Corporation Name GEORGIANA UNITED METHODIST CHURCH, INC.		
Principal Place of Business 3925 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 US	Mailing Address 3925 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 US	



2. Principal Place of Business 21 M	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/23/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2113927
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CURRY, THOMAS B J 1255 LESLIE DRIVE MERRITT ISLAND FL 32952	10. Name and Address of New Registered Agent 81 Name RAMON, MEA B 82 Street Address (P.O. Box Number is Not Acceptable) 2350 Pineapple Place 83 84 City Merritt Island FL 85 Zip Code 32952
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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 Mea B. Ramon DATE 3-1-99

Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRC CURRY, THOMAS B J 1255 LESLIE DRIVE MERRITT ISLAND FL 32952	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR Curry, Thomas B J 1255 Leslie Drive Merritt Island FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BUZZ, DEAN 600 MILFORD POINT ROAD MERRITT ISLAND FL 32953	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRC Ramon, Mea B 2350 Pineapple Place Merritt Island FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS HOPE, SEYMOUR 7940 S TROPICAL TRAIL MERRITT ISLAND FL 32952	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR Durand, Steve 3060 South Tropical Trail Merritt Island FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BELL, DARLENE 3980 S TROPICAL TRAIL MERRITT ISLAND FL 32952	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRC Hall, Susan 1070 Old Parsonage Drive Merritt Island FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PAYNE, WALTER 321 DORSAT DRIVE COCOA BEACH FL 32931	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR Brokaw, Jerry 1313 Shady Lane Merritt Island FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REICHEL, DAN 2285 BENT PINE MELBOURNE FL 32935	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mea B. Ramon DATE 3/1/99 DAYTIME PHONE # 636-4734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25037-111091