

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

800001761628
-03/28/96--01088--037
***61.25

DOCUMENT # 735596 (9)
1. Corporation Name
MIMS UNITED METHODIST CHURCH, INC.



Principal Place of Business: **3302 GREEN ST. MIMS FL 32754**
Mailing Address: **3302 GREEN ST. MIMS FL 32754**

3. Date Incorporated or Qualified: **04/16/1976**
3a. Date of Last Report: **05/22/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2354758	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALKER, THEODORE D. 3283 OLD DIXIE HWY. MIMS FL 32754				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

16. 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, 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, Sections 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FEAGAN, WILLIAM L. S		1.2 NAME	Theodore D. Walker			
STREET ADDRESS	2230 SINGLETON AVE.		1.3 STREET ADDRESS	3283 Old Dixie Hwy			
CITY-ST-ZIP	MIM FL		1.4 CITY-ST-ZIP	Mims, FL 32754			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WOOD, NANCY		2.2 NAME	Herb Cohen			
STREET ADDRESS	3060 AVON LANE		2.3 STREET ADDRESS	3405 Oliver Ct			
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Mims, FL 32754			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KEISLER, BRENTON		3.2 NAME	Lillian Hennen			
STREET ADDRESS	3357 KYZER STREET		3.3 STREET ADDRESS	4263 Hammock Tr			
CITY-ST-ZIP	MIMS FL		3.4 CITY-ST-ZIP	Mims, FL 32754			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FEAGAN, WILLIAM		4.2 NAME	Everett McAlister			
STREET ADDRESS	2230 SINGLETON AVE		4.3 STREET ADDRESS	4299 Lantern Dr			
CITY-ST-ZIP	MIMS FL		4.4 CITY-ST-ZIP	Titusville, FL 32796			
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ROGERS, CAROL		5.2 NAME	Nancy Baumberger			
STREET ADDRESS	1185 CRESCENT DRIVE		5.3 STREET ADDRESS	3095 Rosemarie Dr			
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP	Titusville, FL 32796			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KERSHNER, NINA		6.2 NAME	John Herzog			
STREET ADDRESS	4144 W. MAIN STREET		6.3 STREET ADDRESS	351 San Mateo Plvd			
CITY-ST-ZIP	MIMS FL		6.4 CITY-ST-ZIP	Titusville, FL 32780			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in the 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, changed, or on an attachment with an address.

SIGNATURE: *Ted D. Walker* Ted D. Walker 4/29/96 407-267-1798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)