

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

Mailing Address

3302 GREEN ST.  
MIMS FL 32754

3302 GREEN ST.  
MIMS FL 32754

3. Date Incorporated or Qualified  
04/16/1976

3a. Date of Last Report  
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2354758

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Zip Code

I, 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, Chapter 617, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, or authorized officer

Initial Registered Agent signature required when renouncing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FEAGAN, WILLIAM L. S	
STREET ADDRESS	2230 SINGLETON AVE.	
CITY-ST-ZIP	MIM FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, NANCY	
STREET ADDRESS	3060 AVON LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEISLER, BRENTON	
STREET ADDRESS	3357 KYZER STREET	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEAGAN, WILLIAM	
STREET ADDRESS	2230 SINGLETON AVE	
CITY-ST-ZIP	MIMS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROGERS, CAROL	
STREET ADDRESS	1185 CRESCENT DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERSHNER, NINA	
STREET ADDRESS	4144 W. MAIN STREET	
CITY-ST-ZIP	MIMS FL	

11 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Theodore D. Walker	
13 STREET ADDRESS	3283 Old Dixie Hwy	
14 CITY-ST-ZIP	Mims, FL 32754	
21 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Herb Cohen	
23 STREET ADDRESS	3405 Oliver Ct	
24 CITY-ST-ZIP	Mims, FL 32754	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Lillian Hannen	
33 STREET ADDRESS	4263 Hammock Tr	
34 CITY-ST-ZIP	Mims, FL 32754	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Everett McAlister	
43 STREET ADDRESS	4299 Lantern Dr	
44 CITY-ST-ZIP	Titusville, FL 32796	
51 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Nancy Baumberger	
53 STREET ADDRESS	3095 Rosemarie Dr	
54 CITY-ST-ZIP	Titusville, FL 32796	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	John Herzog	
63 STREET ADDRESS	351 San Mateo Plvd	
64 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 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, changed, or on an attachment with an address.

SIGNATURE:

*Ted D. Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted D. Walker

Y 29/96

407-267-1798

Date Daytime Phone #

CR2E037 (12/95)