

**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: **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. |    | <b>59-2354758</b>  | Not Applicable   |
| 22 | City & State                   | 27 | City & State        | 5. | Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 23 | Zip                            | 28 | Zip                 | 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 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: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DV<br>FEAGAN, WILLIAM L. S<br>2230 SINGLETON AVE.<br>MIM FL | 11 TITLE  | C<br>Theodore D. Walker<br>3283 Old Dixie Hwy<br>Mims, FL 32754     |
| NAME                       | WOOD, NANCY<br>3060 AVON LANE<br>TITUSVILLE FL              | 12 NAME   | DV<br>Herb Cohen<br>3405 Oliver Ct<br>Mims, FL 32754                |
| STREET ADDRESS             | KEISLER, BRENTON<br>3357 KYZER STREET<br>MIMS FL            | 13 STREET ADDRESS                                     | D<br>Lillian Hannen<br>4263 Hammock Tr<br>Mims, FL 32754            |
| CITY-ST-ZIP                | FEAGAN, WILLIAM<br>2230 SINGLETON AVE<br>MIMS FL            | 14 CITY-ST-ZIP  | D<br>Everett McAlister<br>4299 Lantern Dr<br>Titusville, FL 32796   |
|                            | ROGERS, CAROL<br>1185 CRESCENT DRIVE<br>TITUSVILLE FL       | 21 TITLE  | DS<br>Nancy Baumberger<br>3095 Rosemarie Dr<br>Titusville, FL 32796 |
|                            | KERSHNER, NINA<br>4144 W. MAIN STREET<br>MIMS FL            | 22 NAME   | D<br>John Herzog<br>351 San Mateo Plvd<br>Titusville, FL 32780      |
|                            |   | 23 STREET ADDRESS                                     |   |
|                            |   | 24 CITY-ST-ZIP  |   |
|                            |   | 31 TITLE  |   |
|                            |   | 32 NAME   |   |
|                            |   | 33 STREET ADDRESS                                     |   |
|                            |   | 34 CITY-ST-ZIP  |   |
|                            |   | 41 TITLE  |   |
|                            |   | 42 NAME   |   |
|                            |   | 43 STREET ADDRESS                                     |   |
|                            |   | 44 CITY-ST-ZIP  |   |
|                            |   | 51 TITLE  |   |
|                            |   | 52 NAME   |   |
|                            |   | 53 STREET ADDRESS                                     |   |
|                            |   | 54 CITY-ST-ZIP  |   |
|                            |   | 61 TITLE  |   |
|                            |   | 62 NAME   |   |
|                            |   | 63 STREET ADDRESS                                     |   |
|                            |   | 64 CITY-ST-ZIP  |   |

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*

Ted D. Walker

2/29/96 407-267-1798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)