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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90016 048 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 735596

1. Corporation Name  
**MIMS UNITED METHODIST CHURCH, INC.**

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



21	2: Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified		
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FBI Number	Applied For	
23	City & State	28	City & State		59-2354758	Not Applicable	
24	Zip	29	Zip	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
25	Country	30	Country			\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOOD, CURTIS 2992 FOLSOM ROAD MIMS FL 32754				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	Mims	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 617.0505, Florida Statutes.

SIGNATURE: *Bill Touchton* DATE: 3/23/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAUMBERGER, NANCY			1.2 NAME	J.C. Johnston, Jr		
STREET ADDRESS	3095 ROSEMARIE DR			1.3 STREET ADDRESS	2565 Lee Road		
CITY-ST-ZIP	TITUSVILLE FL 32796			1.4 CITY-ST-ZIP	Mims, FL 32754		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEAGAN, BEULAH			2.2 NAME	Richard Shroyer		
STREET ADDRESS	2230 SINGLETON AVE			2.3 STREET ADDRESS	2610 Pine Ave		
CITY-ST-ZIP	MIMS FL 32754			2.4 CITY-ST-ZIP	Mioms, FL 32754		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KERSHNER, NINA			3.2 NAME	David Tilton		
STREET ADDRESS	4144 W MAIN ST			3.3 STREET ADDRESS	3245 Teal Street		
CITY-ST-ZIP	MIMS FL 32754			3.4 CITY-ST-ZIP	Titusville, FL 32796		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEVILLE, MICKEY			4.2 NAME	Donald Sheets		
STREET ADDRESS	4118 PECAN ST			4.3 STREET ADDRESS	3884 Arlington Ave		
CITY-ST-ZIP	MIMS FL 32754			4.4 CITY-ST-ZIP	Mims, FL a32754		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOUCHTON, BILL			5.2 NAME			
STREET ADDRESS	3475 TRACY CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIMS FL 32754			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUMBERGER, JIM			6.2 NAME			
STREET ADDRESS	3095 ROSEMARIE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32796			6.4 CITY-ST-ZIP			

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: *Bill Touchton* DATE: 1/25/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C 025037 11/091