

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 30 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 735787 (4)  
 1. Corporation Name  
 FORT CAROLINE UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address  
 8510 FT CAROLINE ROAD JACKSONVILLE FL 32277-2974 US  
 8510 FT CAROLINE ROAD JACKSONVILLE FL 32277-2974 US

3. Date Incorporated or Qualified  
 05/07/1976

4. FEI Number 59-1375581  
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 SCHUMAN, JAMES F  
 8501 MAJESTIC OAKS DR S  
 JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent  
 81 Name FISHER, HORACE L.  
 82 Street Address (P.O. Box Number is Not Acceptable) 12866 RABBIT RUN LN  
 83  
 84 City JACKSONVILLE FL 85 Zip Code 32246

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 HORACE L. FISHER, HORACE L. FISHER, CHAIR - BOARD OF TRUSTEES 7/24/98  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ROUH, KENNETH
STREET ADDRESS	11850 HIDDEN HILLS DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SATTERFIELD, LARRY E.
STREET ADDRESS	10935 NORTH INDIES DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SCHUMAN, JAMES F
STREET ADDRESS	8501 MAJESTIC OAKS DR S
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	AMIDON, GORDON E JR
STREET ADDRESS	5054 MARINERS POINT DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	KONCHAR, PATRICIA
STREET ADDRESS	3900 DALRY DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	REDFOOT, FRANK E.
STREET ADDRESS	5940 COVERED CREEK LANE
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FISHER, HORACE L.
1.3 STREET ADDRESS	12866 RABBIT RUN LN
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	POWELL, DONALD J.
2.3 STREET ADDRESS	1482 CLASSIC OAK COURT
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRUMP, FAITH
3.3 STREET ADDRESS	3237 TROTTING HORSE PLACE
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILSON, MRS LORKAINETJ
4.3 STREET ADDRESS	3722 HOOVER LN
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: HORACE L. FISHER / HORACE L. FISHER 7/24/98 904.247.4115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)