FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:32

DOCUMENT # 745562 (9)

1. Corporation Name

THE FLORIDA CONFERENCE OF THE FREE METHODIST CHU
RCH OF NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
5356 ZION AVE LAKELAND FL 33809	5356 ZION AVE LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1979	3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-6511994	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

SMOUT, CHARLES O
5356 ZION AVE
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☒ Change ☐ Addition
NAME	CARRIER, GORDON	1.2 NAME	KELLY, RAYMOND
STREET ADDRESS	515 WINDSOR ST	1.3 STREET ADDRESS	17910 Pepper Tree Lane
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, RICHARD D.	2.2 NAME	
STREET ADDRESS	203 CHARLESGATE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST AMHERST N.	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BLOUNT, NELSON R.	3.2 NAME	
STREET ADDRESS	380 FULTON DR S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMOUT, CHARLES O.	4.2 NAME	
STREET ADDRESS	5356 ZION AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	WARNER, CHARLES W.	5.2 NAME	
STREET ADDRESS	226 POLK CITY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	AMOS, EDWARD	6.2 NAME	CLEVELAND, DONALD J.
STREET ADDRESS	2905 VOUSDEN, LANE	6.3 STREET ADDRESS	5254 Canaan
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, FL 33809

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)(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: Charles O. Smout Secretary Feb. 3, 1995 (813) 858-4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles O. Smout

0097TED