

**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

DOCUMENT # **745562** (9)

1. Corporation Name  
**THE FLORIDA CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.**



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

3. Date Incorporated or Qualified: 01/15/1979  
3a. Date of Last Report: 02/09/1995  
4. FEI Number: 59-6511994  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMOUT, CHARLES O  
5356 ZION AVE  
LAKELAND FL 33809

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

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 I accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-12)	
12.1 NAME: VD KELLY, RAYMOND	<input checked="" type="checkbox"/> DELETE	13.1 NAME: D KELLY, RAYMOND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 17910 PEPPER TREE LANE		13.2 STREET ADDRESS: 7821 Tenby Crt.	
12.3 CITY, ST, ZIP: LUTZ FL P	<input type="checkbox"/> DELETE	13.3 CITY, ST, ZIP: NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: SNYDER, RICHARD D.		13.4 NAME: WILLIAM L. STRODE	
12.5 STREET ADDRESS: 203 CHARLESGATE CIRCLE		13.5 STREET ADDRESS: 14127 Regency Lane	
12.6 CITY, ST, ZIP: EAST AMHERST N. S	<input type="checkbox"/> DELETE	13.6 CITY, ST, ZIP: DADE CITY, FL 33525-8533	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: BLOUNT, NELSON R.		13.7 NAME: CLEVELAND, DONALD J.	
12.8 STREET ADDRESS: 380 FULTON DR S.E.		13.8 STREET ADDRESS: 5254 Canaan	
12.9 CITY, ST, ZIP: LARGO FL		13.9 CITY, ST, ZIP: LAKELAND, FL 33809	
12.10 NAME: STD SMOUT, CHARLES O.	<input type="checkbox"/> DELETE	13.10 NAME: CLEVELAND, DONALD J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: 5356 ZION AVE		13.11 STREET ADDRESS: 5254 Canaan	
12.12 CITY, ST, ZIP: LAKELAND, FL 00000 33809		13.12 CITY, ST, ZIP: LAKELAND, FL 33809	
12.13 NAME: CD WARNER, CHARLES W.	<input checked="" type="checkbox"/> DELETE	13.13 NAME: CLEVELAND, DONALD J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS: 226 POLK CITY RD		13.14 STREET ADDRESS: 5254 Canaan	
12.15 CITY, ST, ZIP: AUBURDALE FL		13.15 CITY, ST, ZIP: LAKELAND, FL 33809	
12.16 NAME: D CLEVELAND, DONALD J.	<input checked="" type="checkbox"/> DELETE	13.16 NAME: CLEVELAND, DONALD J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS: 5254 CANAAN		13.17 STREET ADDRESS: 5254 Canaan	
12.18 CITY, ST, ZIP: LAKELAND FL		13.18 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)(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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: Jan. 22, 1996 (941) 858-4995

CR2E037 (12/95)