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**Feb 13 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
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 33810-1847**

3. Date Incorporated or Qualified: **01/15/1979**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-6511994	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33810	25		
	29	30	

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	FL 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, RAYMOND	1.2 NAME	
STREET ADDRESS	7821 TENBY CRT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RICHARD D.	2.2 NAME	SNYDER, RICHARD D.
STREET ADDRESS	203 CHARLESGATE CIRCLE	2.3 STREET ADDRESS	203 CHARLESGATE CIRCLE
CITY-ST-ZIP	EAST AMHERST N.	2.4 CITY-ST-ZIP	EAST AMHERST, N. Y. 14051
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, NELSON R.	3.2 NAME	FISHER, HAROLD G.
STREET ADDRESS	380 FULTON DR S.E.	3.3 STREET ADDRESS	13945 S 20th St.
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VC <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRODE, WILLIAM L.	5.2 NAME	STRODE, WILLIAM L
STREET ADDRESS	14127 REGENCY LANE	5.3 STREET ADDRESS	14127 REGENCY LANE
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	DADE CITY, FL
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, DONALD J.	6.2 NAME	
STREET ADDRESS	5254 CANAAN	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Charles O. Smout, Sec. 2000* **1/9/97 (941) 858-4995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083001

CR2E037 (9/96)