

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745562 (9)**  
1. Corporation Name  
**THE FLORIDA CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.**



Principal Place of Business <b>5356 ZION AVE LAKELAND FL 33810 US</b>	Mailing Address <b>5356 ZION AVE LAKELAND FL 33809</b>
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3. Date Incorporated or Qualified <b>01/15/1979</b>	
4. FEI Number <b>59-6511994</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	31. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMOUT, CHARLES O  
5356 ZION AVE  
LAKELAND FL 33809- 33810**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Charles O Smout* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KELLY, RAYMOND</b>
STREET ADDRESS	<b>7821 TENBY CRT.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SNYDER, RICHARD D.</b>
STREET ADDRESS	<b>203 CHARLESGATE CIRCLE</b>
CITY-ST-ZIP	<b>EAST AMHERST NY</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>FISHER, HAROLD G</b>
STREET ADDRESS	<b>13945 S 20TH ST</b>
CITY-ST-ZIP	<b>DADE CITY FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>SMOUT, CHARLES O.</b>
STREET ADDRESS	<b>5356 ZION AVE</b>
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>
TITLE	<b>VCD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STRODE, WILLIAM L</b>
STREET ADDRESS	<b>14127 REGENCY LANE</b>
CITY-ST-ZIP	<b>DADE CITY FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>CLEVELAND, DONALD J.</b>
STREET ADDRESS	<b>8254 CANAAN</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ANDERSON, DAVID</b>
1.3 STREET ADDRESS	<b>3104 S. Bryan Road</b>
1.4 CITY-ST-ZIP	<b>Brandon, FL 33511-7514</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>14051</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>33525</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33810</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D FAJARDO, JOSH</b>
5.3 STREET ADDRESS	<b>2705 Armenia Court</b>
5.4 CITY-ST-ZIP	<b>Tampa, FL 33614</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>33810</b>

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: *Charles O Smout Sec Treas*

*1/15/98 (941)858-4995*

CF2E037 (10/97)