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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745562

1. Corporation Name

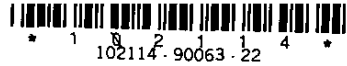
THE FLORIDA CONFERENCE OF THE FREE METHODIST CHU
RCH OF NORTH AMERICA, INC.

Principal Place of Business

5356 ZION AVE
LAKELAND FL 33810
US

Mailing Address

5356 ZION AVE
LAKELAND FL 33809



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/15/1979

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ANDERSON, DAVID	
STREET ADDRESS	3104 S BRYAN RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SNYDER, RICHARD D.	
STREET ADDRESS	203 CHARLESGATE CIRCLE	
CITY-ST-ZIP	EAST AMHERST NY 14051	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FISHER, HAROLD G	
STREET ADDRESS	13945 S 20TH ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMOUT, CHARLES O.	
STREET ADDRESS	5356 ZION AVE	
CITY-ST-ZIP	LAKELAND, FL 00000 33810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAJARDO, JOSH	
STREET ADDRESS	2705 ARMENIA CT	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLEVELAND, DONALD J.	
STREET ADDRESS	5254 CANAAN	
CITY-ST-ZIP	LAKELAND FL 33810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

Charles O. Smout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (941) 858-4995
Date Daytime Phone #

CR2E037 (11/98)