

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19256 (9)**
1. Corporation Name

FIRST UNITED METHODIST CHURCH OF FORT WALTON, IN C.



Principal Place of Business: **103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893**
Mailing Address: **103 FIRST STREET, S.E. FORT WALTON BEACH FL 32548-2893**

3. Date Incorporated or Qualified: **02/16/1987**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-0939948**
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 (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **HAYLES, MALCOLM F, 117 WYNELL CIRCLE SE, FORT WALTON BEACH FL 32548**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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 '92	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWLING, JAMES R.	1.2 NAME	TOLAR, LEE
STREET ADDRESS	228 SANTA ROSA ST., S.W.	1.3 STREET ADDRESS	610 OVERBROOK DRIVE
CITY-ST-ZIP	FORT WALTON BEACH FL	1.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYLES, MALCOLM F	2.2 NAME	O'NEAL, PATRICK
STREET ADDRESS	117 WAYNELL CIRCLE SE	2.3 STREET ADDRESS	42 LINWOOD ROAD NW
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESCOTT, DANETTE B	3.2 NAME	MCGRAIL, MICHAEL
STREET ADDRESS	229 THERESA COURT	3.3 STREET ADDRESS	20 FOREST GROVE PLACE
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, CHARLES C	4.2 NAME	
STREET ADDRESS	101 DRIFTWOOD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROMER, STEVE	5.2 NAME	
STREET ADDRESS	910 RUE DE LA SAVOIE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SARAH P	6.2 NAME	
STREET ADDRESS	108 OPP BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	6.4 CITY-ST-ZIP	

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: *Malcolm Hayles* MALCOLM HAYLES 3/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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FIRST UNITED METHODIST CHURCH OF FORT WALTON BEACH, INC.
103 FIRST STREET, SE
FORT WALTON BEACH, FL 32548

DOCUMENT NUMBER: N19256 (9)

ADDITIONAL LISTING OF TRUSTEE - 1996

T
THOMAS, BETSY
7031 FOREST SHORES DRIVE
MARY ESTHER, FL 32569

T
GIBB, KEITH
408 SHERRY CIRCLE
FORT WALTON BEACH, FL 32548

T
PORTER, WILLIS D.
17 ALEXANDRA PLACE, SE
FORT WALTON BEACH, FL 32548
