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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/16/1987		
4. FEI Number 59-0939948	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

O'NEAL, PATRICK
42 LINWOOD RD, NE
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

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 accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	TOLAR, LEE	
STREET ADDRESS	610 OVERBROOK DR	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPIVEY, MARGARET	
STREET ADDRESS	619 NE POWELL DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBBINS, CLAY	
STREET ADDRESS	911 CLOVERDALE CT	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LORENEZ, JUDY	
STREET ADDRESS	1898 HEARTLAND DDR	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'NEAL, PATRICK	
STREET ADDRESS	42 LINWOOD ROAD NW	
CITY-ST-ZIP	FORT WALTON BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGRAIL, MICHAEL	
STREET ADDRESS	20 FOREST GROVE PLACE	
CITY-ST-ZIP	FT WALTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARROWSMITH, DAVID	
1.3 STREET ADDRESS	111 MIRACLE STRIP PKWY E,	
1.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BILL ROBERTS	
2.3 STREET ADDRESS	913 SPRUCE COURT	
2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BILL WALKER	
3.3 STREET ADDRESS	635 COUNTRY CLUB AVE, NE	
3.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
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)(l), 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: *[Handwritten Signature]* 2/23/98

CR2E037 (10/97)

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

DOCUMENT NUMBER N19256 (9)

DELETION OF MEMBERS

T
THOMAS, BETSY ** (DELETE) **
7031 FOREST SHORES DRIVE
MARY ESTHER, FLORIDA 32569

GIBB, KEITH ** (DELETE) **
408 SHERRY CIRCLE
FORT WALTON BEACH, FLORIDA 32548