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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90108 050 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N19256**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/16/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0939948	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Country		24	
25		29		30	

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	GIBB, Keith
82	Street Address (P.O. Box Number is Not Acceptable)	408 Sherry Circle
83		
84	City	Fort Walton Beach
	State	FL
85	Zip Code	32548

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]* DATE 2-9-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLAR, LEE	1.2 NAME	DEWEY, John
STREET ADDRESS	610 OVERBROOK DR	1.3 STREET ADDRESS	48 Magnolia Drive
CITY-ST-ZIP	FORT WALTON BEACH FL	1.4 CITY-ST-ZIP	Shalimar, FL
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIVEY, MARGARET	2.2 NAME	ARROWSMITH, David
STREET ADDRESS	619 NE POWELL DR	2.3 STREET ADDRESS	111 Miracle Strip Pkwy, E.
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	Fort Walton Beach, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, CLAY	3.2 NAME	ROBERTS, Bill
STREET ADDRESS	911 CLOVERDALE CT	3.3 STREET ADDRESS	144 Fulmar Circle, NE
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP	Fort Walton Beach, FL
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENEZ, JUDY	4.2 NAME	WALKER, Billy
STREET ADDRESS	1898 HEARTLAND DDR	4.3 STREET ADDRESS	635 Country Club Ave., NE
CITY-ST-ZIP	FORT WALTON BEACH FL	4.4 CITY-ST-ZIP	Fort Walton Beach, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEAL, PATRICK	5.2 NAME	LICHAUER, Sandy
STREET ADDRESS	42 LINWOOD ROAD NW	5.3 STREET ADDRESS	63 Hillcrest Drive
CITY-ST-ZIP	FORT WALTON BCH FL	5.4 CITY-ST-ZIP	Shalimar, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRAIL, MICHAEL	6.2 NAME	GIBB, Keith
STREET ADDRESS	20 FOREST GROVE PLACE	6.3 STREET ADDRESS	408 Sherry Circle
CITY-ST-ZIP	FT WALTON BCH FL	6.4 CITY-ST-ZIP	Fort Walton Beach, FL

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: *[Signature]* DATE: 2-9-99 DAYTIME PHONE #: 850-243-9292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)