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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N20584 (1)

1. Corporation Name
OCKLAWAHA UNITED METHODIST CHURCH, INC.



Principal Place of Business: 13333 SE HWY C-25, P O BOX 507, OCKLAWAHA FL 32179
Mailing Address: 13333 SE HWY C-25, P O BOX 507, OCKLAWAHA FL 32183-0507

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 03/11/1996
4. FEI Number: 59-2320596
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, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
HOWARD, TERRY
13825 S. HWY 25
P.O. BOX 1519
OCKLAWAHA FL 32183

10. Name and Address of New Registered Agent
81 Name: ROSE, JOSEPH S.
82 Street Address (P.O. Box Number is Not Acceptable): 7095 SE 119TH PLACE
83
84 City: BELLEVUE, FL 85 Zip Code: 34420

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] JOSEPH S. ROSE, TRUSTEE PRESIDENT
NOTE: Registered Agent signature required when reinstating.

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Howard Terry, O'Hagan Shirley G, Swanson Marilyn.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Rose Joseph S., Hart William A.

14. I do 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: [Signature] JOSEPH S. ROSE, TRUSTEE PRES. 352-347-6943
Date: Daytime Phone: 0003754

CFR2037 (9/96)