

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32828** (8)

1. Corporation Name

MIDDLEBURG UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

3925 MAIN STREET
MIDDLEBURG FL 32068

3925 MAIN STREET
MIDDLEBURG FL 32068

3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 01/30/1995
4. FEI Number 59-1320369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

EDGERLY, CHARLES
89 YUCCA ST.
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81. Name EDWARD L. Shields
82. Street Address (P.O. Box Number is Not Acceptable) 1542 SURREY GLEN COVE
83. City MIDDLEBURG
84. State FL
85. Zip Code 32068

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: *Edward L. Shields* C DATE: **January 26, 1996**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	EDGERLY, CHARLES	
STREET ADDRESS	89 YUCCA ST.	
CITY - ST - ZIP	MIDDLEBURG FL 32068	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	MCDONALD, GORDON	
STREET ADDRESS	2092 LAUREL DR.	
CITY - ST - ZIP	MIDDLEBURG FL 32068	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	FARNSWORTH, TRICIA	
STREET ADDRESS	1988 TACOMA DR.	
CITY - ST - ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input checked="" type="checkbox"/>
NAME	RAPER, DOUG	
STREET ADDRESS	2420 HALPERNS WAY	
CITY - ST - ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/>
NAME	WHITE, EARL	
STREET ADDRESS	2065 CORNEL RD	
CITY - ST - ZIP	MIDDLEBURG FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	ROPIAK, ELLEN	
STREET ADDRESS	4121 BUDINGTON'S LANDING CT	
CITY - ST - ZIP	MIDDLEBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE	PD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. NAME	EDWARD L. Shields		
3. STREET ADDRESS	1542 Surrey Glen Cove		
4. CITY - ST - ZIP	Middleburg, FL 32068		
21. TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. NAME	DENVER BREWER		
23. STREET ADDRESS	3999 BRONCO ROAD		
24. CITY - ST - ZIP	MIDDLEBURG, FL. 32068		
31. TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. NAME	ELLEN ROPIAK		
33. STREET ADDRESS	4121 BUDINGTON'S LANDING CT.		
34. CITY - ST - ZIP	Middleburg, FL 32068		
41. TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
42. NAME	WHITE, EARL		
43. STREET ADDRESS	2065 CORNEL RD		
44. CITY - ST - ZIP	Middleburg, FL. 32068		
51. TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52. NAME	FARNSWORTH, TRICIA		
53. STREET ADDRESS	1988 TACOMA DRIVE		
54. CITY - ST - ZIP	Middleburg, FL 32068		
61. TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. NAME	McLendon, Scott		
63. STREET ADDRESS	1696 Eagles Nest Lane		
64. CITY - ST - ZIP	Middleburg, FL. 32068		

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: *Edward L. Shields* EDWARD L. Shields 1/26/96 904-282-0893

CR2E037 (12/95)