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FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Latham  
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 32068-5149

3. Date Incorporated or Qualified  
06/14/1989

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1320369

Applied For  
Not Applicable

21 Suite, Apt #, etc.

25 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHIELD, EDWARD L  
1542 SURREY GLEN COVE  
MIDDLEBURG FL 32068~~

81 Name  
John Lempke

82 Street Address (P.O. Box Number is Not Acceptable)  
4810 Gopher Circle

83

84 City  
Middleburg

85 Zip Code  
FL 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

*J. Lempke*

2-10-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SHIELD, EDWARD L  
STREET ADDRESS 1542 SURREY GLEN COVE  
CITY-ST-ZIP MIDDLEBURG FL  DELETE

1.1 TITLE PD  
1.2 NAME Lempke, John  
1.3 STREET ADDRESS 4810 Gopher Circle  
1.4 CITY-ST-ZIP Middleburg, FL 32068  Change  Addition

TITLE VD  
NAME BREWER, DENVER  
STREET ADDRESS 3999 BRONCO RD  
CITY-ST-ZIP MIDDLEBURG FL  DELETE

2.1 TITLE VD  
2.2 NAME Dyal, Herman  
2.3 STREET ADDRESS 873 Arthur Moore Drive  
2.4 CITY-ST-ZIP Green Cove Springs, FL 32043  Change  Addition

TITLE SD  
NAME ROPIAK, ELLEN  
STREET ADDRESS 4121 BUDINGTON'S LANDING CT  
CITY-ST-ZIP MIDDLEBURG FL  DELETE

3.1 TITLE D  
3.2 NAME Lyda, Suzanne  
3.3 STREET ADDRESS 3627 Southern Pines Drive  
3.4 CITY-ST-ZIP Middleburg, FL 32068  Change  Addition

TITLE D  
NAME WHITE, EARL  
STREET ADDRESS 2085 CORNE; RD  
CITY-ST-ZIP MIDDLEBURG FL  DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

TITLE D  
NAME WHITE, EARL  
STREET ADDRESS 2085 CORNEL RD  
CITY-ST-ZIP MIDDLEBURG FL  DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE D  
NAME MCLENDON, SCOTT  
STREET ADDRESS 1698 EAGLES NOST LANE  
CITY-ST-ZIP MIDDLEBURG FL  DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition

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:

*Scott McLendon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

Date

904-282-5589

Daytime Phone # 000084

CR2E037 (9/96)