

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N49835 (4)**

1. Corporation Name  
**ST. ANDREW UNITED METHODIST CHURCH, INC.**

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>2001 W. 11TH STREET<br/>PANAMA CITY FL 32401</b> | Mailing Address<br><b>2001 W. 11TH STREET<br/>PANAMA CITY FL 32401</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

3. Date Incorporated or Qualified  
**06/30/1992**

4. FEI Number  
**59-0782457**

Applied For  
☐ Not Applicable

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCQUAGGE, JOE M  
1208 FORTUNE AVE  
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name **Riley, David**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2874 Tupelo Drive**

83

84 City **Panama City** **FL** 85 Zip Code **32405**

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 *David A. Riley* **2-18-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

|       |             |                       |                         |                                 |
|-------|-------------|-----------------------|-------------------------|---------------------------------|
| TITLE | NAME        | STREET ADDRESS        | CITY-ST-ZIP             | <input type="checkbox"/> DELETE |
|       | <b>STR</b>  | <b>MCQUAGGE, JOE</b>  | <b>1208 FORTUNE AVE</b> |                                 |
|       |             | <b>PANAMA CITY FL</b> |                         |                                 |
| TITLE | NAME        | STREET ADDRESS        | CITY-ST-ZIP             | <input type="checkbox"/> DELETE |
|       | <b>STR</b>  | <b>RICK FULLTON</b>   | <b>3115 W. 30TH CT.</b> |                                 |
|       |             | <b>PANAMA CITY FL</b> |                         |                                 |
| TITLE | NAME        | STREET ADDRESS        | CITY-ST-ZIP             | <input type="checkbox"/> DELETE |
|       | <b>VPTR</b> | <b>DAVID RILEY</b>    | <b>2874 TUPELO DR.</b>  |                                 |
|       |             | <b>PANAMA CITY FL</b> |                         |                                 |
| TITLE | NAME        | STREET ADDRESS        | CITY-ST-ZIP             | <input type="checkbox"/> DELETE |
|       |             |                       |                         |                                 |
| TITLE | NAME        | STREET ADDRESS        | CITY-ST-ZIP             | <input type="checkbox"/> DELETE |
|       |             |                       |                         |                                 |
| TITLE | NAME        | STREET ADDRESS        | CITY-ST-ZIP             | <input type="checkbox"/> DELETE |
|       |             |                       |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 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)(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: *David A. Riley* **2-18-98**

CR2E037 (1097)