FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 15 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703905 (0)

1. Corporation Name
FIRST METHODIST CHURCH OF INDIANTOWN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15377 S.W. 150TH STREET INDIANTOWN FL 34956	15377 S.W. 150TH STREET INDIANTOWN FL 34956

3. Date Incorporated or Qualified: 04/17/1962
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2628046 ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIBSON, JULIA
15162 SW CHICK-KEE STREET
INDIANTOWN, FL
34956

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, MALCOLM	1.2 NAME	
STREET ADDRESS	1544 SW 19TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, NOEL	2.2 NAME	
STREET ADDRESS	14835 SW SEMINOLE	2.3 STREET ADDRESS	16507 Two Wood Way
CITY-ST-ZIP	INDIANTOWN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EASTERBROOK, EDGAR	3.2 NAME	
STREET ADDRESS	2615 GARDEN DR S	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BRINSON, KATHERINE	4.2 NAME	
STREET ADDRESS	15448 SW 150TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SWAIN, ELSPETH	5.2 NAME	
STREET ADDRESS	14551 SW DIVOT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Elspeth S. Swain Elspeth S. Swain 3/7/95 407-597-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000076