

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 # **N30026** (1)

1. Corporation Name

ANTHONY UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

2936 NE 97TH PLACE
P. O. BOX 96
ANTHONY FL 32617

2936 NE 97TH PLACE
P. O. BOX 96
ANTHONY FL 32617

3. Date Incorporated or Qualified
12/30/1988

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBS, JOHN L.
5858 NW 80 AVENUE ROAD
OCALA FL 34474

81 Name

WILLIAM B. GRANT

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

2180 N.W. 100th ST.

83

84 City

OCALA

FL

85

Zip Code

34475

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]

(NOTE: Registered Agent signature required when reinstating)

1/21/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **SMITH, RUSSELL**
STREET ADDRESS **PO BOX 172 (E. HWY 329)**
CITY-ST-ZIP **SPARR FL**

TITLE **D** ☐ DELETE
NAME **KINARD, PAUL**
STREET ADDRESS **2275 N.W. 90 STREET**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **D** ☐ DELETE
NAME **CARTER, RAYMOND**
STREET ADDRESS **PO BOX 214 (9132 NE 16 TERRACE)**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE **TD** ☒ DELETE
NAME **GIBBS, JOHN L.**
STREET ADDRESS **5858 NW 80 AVE ROAD**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **FISH, BETTY**
STREET ADDRESS **3755 NE 112 LN**
CITY-ST-ZIP **ANTHONY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☒ Change ☐ Addition
NAME **WILLIAM B. GRANT**
12 NAME **2180 N.W. 100th ST.**
13 STREET ADDRESS
14 CITY-ST-ZIP **OCALA, FL 34479**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE **D** ☒ Change ☐ Addition
42 NAME **BILL MILLER**
43 STREET ADDRESS **1224 N.E. 33rd ST.**
44 CITY-ST-ZIP **OCALA, FL 34479**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96
Date

(352) 629-6522
Daytime Phone #

CR2E037 (12/95)