

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 # **734149** (8)

1. Corporation Name

GEORGIANA UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

**3925 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952
US**

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MERRITT ISLAND FL 32952
US**

3. Date Incorporated or Qualified
10/23/1975

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2113927

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

**MAYER, JOSEPH W.
4251 CROOKED MILE ROAD
MERRITT ISLAND FL 32952**

81

Name **JOHN L. ATKINSON**

82

Street Address (P.O. Box Number is Not Acceptable)
3925 WILD PINE LANE

83

84

City **MERRITT ISLAND FL** Zip Code **32952**

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, 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	D	<input type="checkbox"/> DELETE
NAME	WARING, AVIS	
STREET ADDRESS	4155 CROOKED MILE RD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CURRY, T. B J R.	
STREET ADDRESS	1255 LESLIE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, JOSEPH W	
STREET ADDRESS	4251 CROOKED MILE ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMON, MEA	
STREET ADDRESS	222 WARREN ST.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARNER, JOHN	
STREET ADDRESS	190 WARING WAY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, KAREN	
STREET ADDRESS	689 MILLWHEEL DR	
CITY-ST-ZIP	MERRITT ISLAND FL	

1.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
2.2 NAME	TRUSTEE
2.3 STREET ADDRESS	KEVIN STEELE
2.4 CITY-ST-ZIP	696 MILLWHEEL DRIVE
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHAIR - TRUSTEES
3.3 STREET ADDRESS	JOHN L. ATKINSON
3.4 CITY-ST-ZIP	3925 WILD PINE LN
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	300001855002
6.3 STREET ADDRESS	-06/07/96--01013--018
6.4 CITY-ST-ZIP	***61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-96

853-4323

Date

Daytime Phone #

CR2E037 (12/95)