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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN 21 AM 8:11

DOCUMENT # 751377 (3)

1. Corporation Name

CRAWFORDVILLE UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

NO. 1 OCHLOCKONEE STREET NORTH SIDE  
OF STATE ROAD 368  
CRAWFORDVILLE FL 32327

P.O. BOX 37  
CRAWFORDVILLE FL 32326-0037

3. Date Incorporated or Qualified  
03/05/1980

3a. Date of Last Report  
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2278696

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

GABY, JULIE B  
208 ROLAND HARVEY ROAD  
CRAWFORDVILLE FL 32327

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 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  
NAME GABY, JULIE B.  
STREET ADDRESS 208 ROLAND HARVEY ROAD  
CITY - ST - ZIP CRAWFORDVILLE FL 32327

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
100002065281--3  
-01/22/97--01169--018  
\*\*\*\*\*51.25

TITLE VD  
NAME UPDEGRAFF, CHARLES E.  
STREET ADDRESS LOT 15 BLK O HUDSON HGT.  
CITY - ST - ZIP CRAWFORDVILLE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D  
NAME GLOVER, LARRY  
STREET ADDRESS E. IVAN ROAD  
CITY - ST - ZIP CRAWFORDVILLE FL 32327

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE TD  
NAME SMITH, JAMES  
STREET ADDRESS E. IVAN ROAD  
CITY - ST - ZIP CRAWFORDVILLE FL

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

TITLE D  
NAME BARBREE, JOSEPH A.  
STREET ADDRESS LOT 12 BLK F HUDSON HGT  
CITY - ST - ZIP CRAWFORDVILLE FL

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

TITLE D  
NAME REVELL, MARIAN  
STREET ADDRESS COTTONWOOD STREET  
CITY - ST - ZIP CRAWFORDVILLE FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #00000000

CR2E037 (9/96)