

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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

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

Mailing Address

**3925 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952-6225
US**



3. Date Incorporated or Qualified **10/23/1975** 3a. Date of Last Report **06/06/1996**

| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2113927 | | Applied For Not Applicable | |
| 21 | | 26 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 22 | | 27 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| City & State | | City & State | | | | | |
| 23 | | 28 | | | | | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATKINSON, JOHN L.
3925 WILD PINE LANE
MERRITT ISLAND FL 32952**

| | |
|----|--|
| 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | <input checked="" type="checkbox"/> TRUS | <input type="checkbox"/> DELETE | | 1.2 NAME | TRUS | | |
| | WARING, AVIS | 530 RAKSAY LANE | | 1.3 STREET ADDRESS | MONSAY, WILLIAM | | |
| | 4165 CROOKED MILE RD | | | 1.4 CITY-ST-ZIP | 2570 SYKES CREEK DRIVE | | |
| | MERRITT ISLAND FL 32952 | | | 2.1 TITLE | TRUS | | |
| | | | | 2.2 NAME | GLAM, BILL | | |
| | <input checked="" type="checkbox"/> TRUS | <input type="checkbox"/> DELETE | | 2.3 STREET ADDRESS | 4325 STILLWATERS DRIVE | | |
| | STEELE, KEVIN | 830 Carambola DRIVE | | 2.4 CITY-ST-ZIP | MERRITT ISLAND FL 32952 | | |
| | 689 MILLWHEEL DR | | | 3.1 TITLE | TRUS | | |
| | MERRITT ISLAND FL 32952 | | | 3.2 NAME | CURRY, TOM, JR | | |
| | | | | 3.3 STREET ADDRESS | 1255 LESLIE DRIVE | | |
| | <input checked="" type="checkbox"/> TRUS | <input type="checkbox"/> DELETE | | 3.4 CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | |
| | ATKINSON, JOHN L. | 3925 WILD PINE LANE | | 4.1 TITLE | TRUS | | |
| | MERRITT ISLAND FL 32952 | | | 4.2 NAME | THIRWELL, CATHY | | |
| | | | | 4.3 STREET ADDRESS | 4055 OLD SETTLEMENT ROAD | | |
| | <input checked="" type="checkbox"/> TRUS | <input type="checkbox"/> DELETE | | 4.4 CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | |
| | RAMON, MEA | 2350 PINEAPPLE PLACE | | 5.1 TITLE | TRUS | | |
| | 222 WARREN ST. | | | 5.2 NAME | BROKAW, JERRY | | |
| | MERRITT ISLAND FL 32952 | | | 5.3 STREET ADDRESS | 1313 SHADY LANE | | |
| | | | | 5.4 CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | |
| | <input checked="" type="checkbox"/> D | <input type="checkbox"/> DELETE | | 6.1 TITLE | | | |
| | GARNER, JOHN | 190 WARING WAY | | 6.2 NAME | | | |
| | MERRITT ISLAND FL | | | 6.3 STREET ADDRESS | | | |
| | | | | 6.4 CITY-ST-ZIP | | | |
| | <input checked="" type="checkbox"/> D | <input type="checkbox"/> DELETE | | | | | |
| | HANSEN, KAREN | 689 MILLWHEEL DR | | | | | |
| | MERRITT ISLAND FL | | | | | | |

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.

CR2E037 (9/96)