


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 751377 (3) 1. Corporation Name CRAWFORDVILLE UNITED METHODIST CHURCH, INC.					
Principal Place of Business NO. 1 OCHLOCKONEE STREET NORTH SIDE OF STATE ROAD 368 CRAWFORDVILLE FL 32327			Mailing Address P.O. BOX 37 CRAWFORDVILLE FL 32326		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/05/1980 4. FEI Number 59-2278696 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent GABY, JULIE B 208 ROLAND HARVEY ROAD CRAWFORDVILLE FL 32327			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	GABY, JULIE B.				
STREET ADDRESS	208 ROLAND HARVEY ROAD				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327				
TITLE	VD <input type="checkbox"/> DELETE				
NAME	UPDEGRAFF, CHARLES E.				
STREET ADDRESS	LOT 15 BLK O HUDSON HGT.				
CITY-ST-ZIP	CRAWFORDVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	GLOVER, LARRY				
STREET ADDRESS	E. IVAN ROAD				
CITY-ST-ZIP	CRAWFORDVILLE FL 32327				
TITLE	TD <input type="checkbox"/> DELETE				
NAME	SMITH, JAMES				
STREET ADDRESS	E. IVAN ROAD				
CITY-ST-ZIP	CRAWFORDVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BARBREE, JOSEPH A.				
STREET ADDRESS	LOT 12 BLK F HUDSON HGT				
CITY-ST-ZIP	CRAWFORDVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	REVELL, MARIAN				
STREET ADDRESS	COTTONWOOD STREET				
CITY-ST-ZIP	CRAWFORDVILLE FL				

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SIGNATURE: _____

Signature Required

1/12/98

850-878-5310 (work)

CR2E037 (10/97)