FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # 734149

(8)

GEORGIANA UNITED METHODIST CHURCH, INC.

FILED
May 19 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address				T 100111 10000 THILL GIRRL ATORT OLDIN 1014 OLDIN	1901 91011 9 7070 91941 9 1971 1987	
MERRITT ISLAND FL 32952 MERRITT IS		3925 S. TROPICAL TRAIL		3. Date Incorporated or Qualified		
		MERRITT ISLAND FL 32952 US	2	10/23/1975		
00		US		4. FEI Number	Applied For	
				59-2113927	Not Applicable	
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
Suite Apt # ate		26		The destination of distribution and the destination of distribution and di	Fee Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
City & Sta	te	City & State		Trust Fund Contribution	Added to Fees	
23	-	28		7. Is this nonprofit corporation a homeown	ers association? No	
Zip	Country	Zip	Country	This corporation owes or has paid the c		
24	25	29	30	Personal Property Tax due June 30.	Yes M No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name	CURRY TR. THOMAS B.		
ATKINSON, JOHN L.			R2 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
3925 WILD PINE LANE				-35 LESLIE DZIVE		
MERRIT	T ISLAND FL 32952		83			
	\$ 2		84 City		RE Zin Code	
	,		MB	ERIT ISLAND FI	L 85 32952	
11. Pursuant	to the provisions of Sections 617.0	3502 and 617.1508, Florida Statut	es, the above-named	corporation submits this statement for the purpose.	of changing its registered	
agent. i a	am larginar with, and accept the ob	ligations of Section 617.0503, Flo	orida Statutes.	oretion's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE	Thomas D. lung	7// 1 / 1/1/4/1/74 100 (WRRY In.	CHAIRMAN 5/4	4/98	
12.	Signature, typed or printed name of registere	AND DIRECTORS (NOT)	E: Registered Agent signature	<u> </u>	ID DIDECTORS III 48	
TITLE	UTFICENS !	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	WARING, AVIS	EST OFFICE	1.2 NAME	CURRY TR THAMES B.	Ti cualife Tal vibrillon	
STREET ADDRESS	530 RAMSEY LANE		1.3 STREET ADDRESS	CURRY IR THOMAS B. 1255 LESLIE DR.		
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 City-St-ZIP	MERRITT ISLAND, FL 3	2952	
TITLE	TRUS	DELETE	2.1 TITLE	TR	Change Addition	
NAME	STEELE, KEVIN	-	2.2 NAME		E CHANGE E ANDRESE	
STREET ADDRESS	830 CARAMBOLA DRIVE		2.3 STREET ADDRESS	DEAN BUZZ GOO MILFORD PT. ROA	•	
CITY-ST-ZIP	MERRITT ISLAND FL		2. 4 CITY-ST-ZIP	MERRITT ISLAND, FL	32953	
TITLE	- 10 78	☐ DELETE	3.1 TITLE	TR/S	Change Addition	
NAME	ATKINSON, JOHN L.		3.2 NAME	SEVMOVR. HOPE		
STREET ADDRESS	3925 WILD PINE LANE		3.3 STREET ADDRESS	7940 S, TROPICAL TRA	16	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4. CITY-ST-ZIP	MERRIT ISLAND FL	32952	
TITLE	TVC	DELETE	4.1 TITLE	TR	☐ Change	
NAME	ramon, mea		4. 2 NAME	BELL , DARLENE	•	
STREET ADDRESS	2350 PINEAPPLE PLACE		4.3 STREET ADDRESS	3980 S. TRUPICAL YRA		
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY - ST - ZIP	MERRITY ISLAND, FL	32952	
TITLE	T	DELETE	5.1 TITLE	TR	Change Addition	
NAME	MUNSEY, WILLIAM		5.2 NAME	PAYNE, WALTER		
STREET ADDRESS	2570 SYKES CREEK DRIVE		5.3 STREET ADDRESS	SLI DORSAT DRIVA		
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP	COCOA BEACH, FL 32		
TITLE	Ţ	DELETE	6.1 TITLE	TR	Change Addition	
NAME	ELAM, BILL		6.2 NAME	REICHEL DAM		
STREET ADDRESS	4325 STILLWATERS DRIVE		6.3 STREET ADDRESS	2285 BENT PINE		
CITY-ST-ZIP	MERRIT ISLAND FL		6.4 CITY - ST - 7/P	MELBOURNE FL 329.	5 5	

City-st-zip MERRIT ISLAND FL
 14. Thereby 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: Thom

omen & Com & /THOM

4/1/98

(407) 367- 7992

HZE037 (10/97)