

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 13 AM 9:26

DOCUMENT # 751377

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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/05/1980 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2278696 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 | | 29 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | \$5.00 May Be Added to Fees | |
| 25 | | 30 | | | |

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 |
| 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 reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABY, JULIE B. | 1.2 NAME | 800002744538-8 |
| STREET ADDRESS | 208 ROLAND HARVEY ROAD | 1.3 STREET ADDRESS | -01/15/99-01107-008 |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UPDEGRAFF, CHARLES E. | 2.2 NAME | |
| STREET ADDRESS | LOT 15 BLK.O HUDSON HGT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLOVER, LARRY | 3.2 NAME | |
| STREET ADDRESS | E. IVAN ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, JAMES | 4.2 NAME | |
| STREET ADDRESS | E. IVAN ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBREE, JOSEPH A. | 5.2 NAME | |
| STREET ADDRESS | LOT 12 BLK F HUDSON HGT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REVELL, MARIAN | 6.2 NAME | |
| STREET ADDRESS | COTTONWOOD STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Julie B Gaby)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/12/99 (850) 926-7689

0009047

CR2E037 (11/98)