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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 701019 (2)

1. Corporation Name
FIRST METHODIST CHURCH OF SAFETY HARBOR, INC.



Principal Place of Business Mailing Address
401-SECOND ST. N. #278 SAFETY HARBOR FL 33570
401-SECOND ST. N. #278 SAFETY HARBOR FL 34695-3615

3. Date Incorporated or Qualified 05/28/1960
3a. Date of Last Report 08/08/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-1873476 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
MACARTHUR, MICHAEL R.
401 2ND STREET NORTH
SAFETY AHRBOR FL 34695
10. Name and Address of New Registered Agent
81 Name Agin, Barbara
82 Street Address (P.O. Box Number is Not Acceptable) 401 2nd Street North
83
84 City Safety Harbor FL 85 Zip Code 34695

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 BARBARA AGIN (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
Barbara Agin 3/24/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	WILLIAMS, BILL	1.2 NAME	
STREET ADDRESS	2446 ENTERPISE RD 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	CARPENTER, CHARLES	2.2 NAME	
STREET ADDRESS	540 6TH ST S	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T Agin, Barbara
NAME	FREY, RICHARD	3.2 NAME	1912 Northfork Circle
STREET ADDRESS	2550 S.R. 580 E 501	3.3 STREET ADDRESS	Clearwater FL
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	CONNOR, LOU	4.2 NAME	
STREET ADDRESS	1708 CYPRESS TRACE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SMALL, MARILYN	5.2 NAME	
STREET ADDRESS	1206 LAWNSIDE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Barbara Agin BARBARA AGIN 3/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069283

CR2E037 (9/96)