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Jul 28 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 # 701019

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

Principal Place of Business	Mailing Address
401 2ND ST. N. SAFETY HARBOR, FL 34695	401 2ND ST N. SAFETY HARBOR, FL 34695

3. Date Incorporated or Qualified: 5/28/1960

4. FEI Number: 59-1873476 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MRS. BARBARA AGIN
401 2ND ST. N.
SAFETY HARBOR, FL 34695

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: MARILYN SMALL — Signature, typed or printed name of registered agent and title if applicable. — Marilyn Small — (NOTE: Registered Agent signature required when reinstating) — 7-16-98 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MR. BILL WILLIAMS	1.2 NAME	
STREET ADDRESS	2446 ENTERPRISE RD #6	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34623	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MR. CHARLES CARPENTER	2.2 NAME	
STREET ADDRESS	540 6TH ST. S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MRS. BARBARA AGIN	3.2 NAME	
STREET ADDRESS	1912 NORTH FORK CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34620-1743	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MRS. LOU CONNOR	4.2 NAME	
STREET ADDRESS	1708 CYPRESS TRACE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MRS. MARILYN SMALL	5.2 NAME	
STREET ADDRESS	1830 VENETIAN PT. DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33755	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	700002602357
STREET ADDRESS		6.3 STREET ADDRESS	-07/30/98--01017--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

7-28

CR2E037 (10/97)

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.

SIGNATURE: Marilyn Small — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — MARILYN SMALL — Date: 7-16-98 — Daytime Phone #