

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 20 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 # 703490 (3)

1. Corporation Name
POMPANO BEACH FIRST METHODIST CHURCH QUARTERLY CONFERENCE CORPORATION

Principal Place of Business 210 N.E. 3RD STREET POMPANO BEACH FL 33060-3651	Mailing Address 210 N.E. 3RD STREET POMPANO BEACH FL 33060-3651
---	---



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1962		3a. Date of Last Report 03/22/1996	
4. FEI Number 59-0718496		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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			

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	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			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, JAMES M 1701 E. ATLANTIC BLVD. SUITE 4 POMPANO BEACH FL 33060				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DST	<input type="checkbox"/> DELETE		1.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	McKINNON, MINA			1.2 NAME	BETTY JEAN MCNAB		
STREET ADDRESS	848 NE 85 AVE			1.3 STREET ADDRESS	221 N.E. 18th AVENUE		
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060		
TITLE	CD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, KENNETH			2.2 NAME			
STREET ADDRESS	721 N.E. 8TH STERREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	DVC	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GURRAN, THOMAS R.			3.2 NAME	JOSEPH GATER		
STREET ADDRESS	603 N.E. 9TH AVENUE			3.3 STREET ADDRESS	4750 N.E. 2ND AVENUE		
CITY-ST-ZIP	POMPANO BEACH FL			3.4 CITY-ST-ZIP	FORT LAUDERDAKE, FL 33334		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ED			4.2 NAME	KEITH GRANT		
STREET ADDRESS	P O BOX 70114 N/A			4.3 STREET ADDRESS	916 S.E. 14th COURT		
CITY-ST-ZIP	DAKELAND FL			4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____ DATE **8/12/97**

CR2E037 (4/97)