

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: \$236.26).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 20 1997 8:00am
Secretary of State

DOCUMENT # 703490 (3)

1. Corporation Name

POMPANO BEACH FIRST METHODIST CHURCH QUARTERLY CONFERENCE CORPORATION

Principal Place of Business

Mailing Address

210 N.E. 3RD STREET
POMPANO BEACH FL 33060-3651

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

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

4. FEI Number

59-0718496

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DST
STREET ADDRESS MCKINNON, MINA
CITY-ST-ZIP 840 NE 25 AVE-
POMPANO BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DST
1.3 STREET ADDRESS BETTY JEAN MCNAB
1.4 CITY-ST-ZIP 221 N.E. 18TH AVENUE
POMPANO BEACH, FL 33060

TITLE ☐ DELETE
NAME CD
STREET ADDRESS ARNOLD, KENNETH
CITY-ST-ZIP 721 N.E. 8TH STERREET
POMPANO BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME DVC
STREET ADDRESS GURRAN, THOMAS R.
CITY-ST-ZIP 603 N.E. 9TH AVENUE
POMPANO BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME DVC
3.3 STREET ADDRESS JOSEPH GOATER
3.4 CITY-ST-ZIP 4750 N.E. 2ND AVENUE
FORT LAUDERDAKE, FL 33334

TITLE ☐ DELETE
NAME S
STREET ADDRESS SMITH, ED
CITY-ST-ZIP P O BOX 70114 N/A
DAKELAND FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS KEITH GRANT
4.4 CITY-ST-ZIP 916 S.E. 14TH COURT
DEERFIELD BEACH, FL 33441

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (4/97)