

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703905 (0)
1. Corporation Name
FIRST METHODIST CHURCH OF INDIANTOWN, INC.

Principal Place of Business 15377 S.W. 150TH STREET INDIANTOWN FL 34956	Mailing Address 15377 S.W. 150TH STREET INDIANTOWN FL 34956
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/17/1962
4. FEI Number 59-2628046
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 GIBSON, JULIA 15162 SW CHICK-KEE STREET INDIANTOWN, FL 34956	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, MALCOLM	1.2 NAME	
STREET ADDRESS	1544 SW 19TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, NOEL	2.2 NAME	
STREET ADDRESS	16507 TWO WOOD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LARGENT, GERALD	3.2 NAME	
STREET ADDRESS	15111 SW TRAIL CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRINSON, KATHERINE	4.2 NAME	
STREET ADDRESS	15448 SW 150TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SWAIN, ELSPETH	5.2 NAME	
STREET ADDRESS	14551 SW DIVOT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Elspeth S. Swain** *Elspeth S. Swain* 2/9/98 561-597-3644

CF2E037 (10/97)