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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703905

1. Corporation Name
FIRST METHODIST CHURCH OF INDIANTOWN, INC.

Principal Place of Business	Mailing Address
15377 S.W. 150TH STREET INDIANTOWN FL 34956	15377 S.W. 150TH STREET INDIANTOWN FL 34956

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/17/1962

4. FEI Number
59-2628046
☐ Applied For
☐ Not Applicable

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

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

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: Constance Conley
82 Street Address (P.O. Box Number is Not Acceptable): 15886 SW 151 St
83
84 City: Indiantown FL 85 Zip Code: 34956

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: Constance Conley Constance Conley 1/31/99
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	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	D/T	☐ 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	D	☒ 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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Constance Conley **SIGNATURE REQUIRED** 2/1/99 561-597-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #