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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **704268** **(2)**

1. Corporation Name

THE FLORIDA UNITED METHODIST CHILDREN'S HOME, IN C.

Principal Place of Business	Mailing Address
51 MAIN STREET P.O. BOX 4008 ENTERPRISE FL 32725	51 MAIN STREET P.O. BOX 4008 ENTERPRISE FL 32725-0008

3. Date Incorporated or Qualified: 06/03/1908
3a. Date of Last Report: 01/25/1996

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:

4. FEI Number: 59-0638479 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CARMICHEL, ALEXANDER C
51 MAIN STREET
ENTERPRISE FL 32725

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: Alexander Carmichel IV — 1/7/97
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	VD	☑ DELETE	1.1 TITLE	TR	☐ Change ☑ Addition
NAME	KORNER, JEAN		1.2 NAME	BARNES, WILLIAM	
STREET ADDRESS	200 OCEAN LN DR, STE 1107		1.3 STREET ADDRESS	4851 S APOPKA VINELAND RD	
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	C	☑ DELETE	2.1 TITLE	S	☐ Change ☑ Addition
NAME	BREWER, DAVID T.		2.2 NAME	LONGMAN, JAN	
STREET ADDRESS	PO BOX 3767		2.3 STREET ADDRESS	4208 NANCY CREEK BLVD	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	~~SD~~ C	☐ DELETE	3.1 TITLE	C	☑ Change ☐ Addition
NAME	BOONE, ALFREDA		3.2 NAME		
STREET ADDRESS	830 RIVIERA STR		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLANTON, JOSEPH G.		4.2 NAME		
STREET ADDRESS	2373 WIND GAP PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARMICHEL, ALEXANDER C.		5.2 NAME		
STREET ADDRESS	51 MAIN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	TR	☐ Change ☑ Addition
NAME	GREEN, JOHN		6.2 NAME	EWING, KEITH	
STREET ADDRESS	PO BOX 31060		6.3 STREET ADDRESS	1005 W MAIN STREET	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	LEESBURG FL 34748	

1/30/97
KBANK

CR2E037 (9/96)

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: Alexander Carmichel IV — 1-7-97 — 407-860-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013576