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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 704404 (3)			
1. Corporation Name ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAVEN, INC.			
Principal Place of Business 1800 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884		Mailing Address 1800 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent Mr. Lindy Beall 9705 Lake Bess Rd. #535 Winter Haven, FL 33884			
10. Name and Address of New Registered Agent 81 Name Mr. Lindy Beall 82 Street Address (P.O. Box Number is Not Acceptable) 9705 Lake Bess Rd. #535 83 City Winter Haven, FL 33884 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 <i>Lindy N. Beall</i> Lindy N. Beall 1-26-98 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
T HAWKINS, ROBERT 25 ALPINE DRIVE, SWISS VILLAGE WINTER HAVEN FL 33881		T Ron Kunze 298 Okaloosa Dr. Winter Haven, FL 33884-1543	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
T GRAVES, M. MARVIN 2221 CYPRESS GDN. BLVD. WINTER HAVEN FL 33884		TC Lindy Beall 9705 Lake Bess Rd. #535 Winter Haven, FL 33884-3228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TS SMITH, BARBARA A 2920 ELOISE LOOP RD WINTER HAVEN FL		T Brent Lacy 707 S. Lake Florence Dr. Winter Haven, FL 33884-2249	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
T PATRICIA GILDER 902 HERON CIR WINTER HAVEN FL		T Terry Tucker 4310 Shadow Wood Ter Winter Haven, FL 33880-1529	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
T LLOYD A WHANN 1211 HELENA RD WINTER HAVEN FL		T Helen Heverly 1825 3rd St., SE Winter Haven, FL 33880-4411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
T JACK GRAY 1800 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884		T Jack Bleeker 131 Lameraux Rd. Winter Haven, FL 33884-2537	
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: <i>Lindy N. Beall</i> Lindy N. Beall 1/28/98 (941) 324-8465 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0056895			

CR2E037 (10/97)