

3/31/97

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FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707941 (1)

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF NICEVILLE,
FLORIDA, INC.

Principal Place of Business

Mailing Address

214 PARTIN DRIVE
NICEVILLE FL 32578P.O. BOX 278
NICEVILLE FL 32588-0278
US3. Date Incorporated or Qualified
10/08/19643a. Date of Last Report
03/14/1996

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

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25

29

30

4. FEI Number

59-6495957

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEIGS, WILLIAM
214 PARTIN DRIVE
NICEVILLE FL 32578

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 D ☒ DELETENAME SPENCE, FREIDA
STREET ADDRESS 810 SPENCE CIR
CITY-ST-ZIP NICEVILLE FLTITLE D ☒ DELETENAME BOYKIN, LUKE
STREET ADDRESS 2418 EDGEWATER DR.
CITY-ST-ZIP NICEVILLE FLTITLE D ☐ DELETENAME FULTS, JIM
STREET ADDRESS 2819 EDGEWATER DR.
CITY-ST-ZIP NICEVILLE FLTITLE D ☐ DELETENAME DEARMAN, GLORIA JEAN
STREET ADDRESS 2427 EDGEWATER DR.
CITY-ST-ZIP NICEVILLE FLTITLE D ☒ DELETENAME MCALISTER, JOHN W.
STREET ADDRESS 1033 CHRISTY DR.
CITY-ST-ZIP NICEVILLE FLTITLE PD ☐ DELETENAME MEIGS, WILLIAM W.
STREET ADDRESS 1315 BAYSHORE DR.
CITY-ST-ZIP NICEVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☒ Addition☐ Change☒ Addition☐ Change☒ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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:

Gloria Jean Deaman

3/26/97

904 678 4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904 678 4411

CR2E037 (9/96)