


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32578**  
**P.O. BOX 278 NICEVILLE FL 32588 US**

3. Date Incorporated or Qualified

**10/08/1964**

4. FEI Number

**59-6495957**

Applied For

Not Applicable

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

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

10. Name and Address of New Registered Agent

**MEIGS, WILLIAM  
214 PARTIN DRIVE  
NICEVILLE FL 32578**

81	Name	<b>Fulfs, Jim</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>214 S. Partin Drive</b>
83		
84	City	<b>Niceville</b>
85	Zip Code	<b>FL 32578</b>

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 *Jim Fulfs*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-8-98**  
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHBURG, ROBERT</b>	
STREET ADDRESS	<b>223 YACHT CLUB DR</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sexton, Mary N.</b>	
1.3 STREET ADDRESS	<b>1610 Moore Street</b>	
1.4 CITY-ST-ZIP	<b>Niceville FL 32578</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN DYKE, NANCY</b>	
STREET ADDRESS	<b>1056 LAKE WAY DR</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FULTS, JIM</b>	
STREET ADDRESS	<b>2819 EDGEWATER DR.</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEARMAN, GLORIA JEAN</b>	
STREET ADDRESS	<b>2427 EDGEWATER DR.</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, DAVID C</b>	
STREET ADDRESS	<b>1591 RUCKEL DR</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEIGS, WILLIAM W.</b>	
STREET ADDRESS	<b>1315 BAYSHORE DR.</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Meigs, Jane</b>	
6.3 STREET ADDRESS	<b>1315 Bayshore Dr.</b>	
6.4 CITY-ST-ZIP	<b>Niceville FL 32578</b>	

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: *Jim Fulfs* REQUIRED

**4-8-98** **850 6784411**

CR2E037 (10/97)