03111999-90068-016-$61.25-$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90068 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 707941

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/08/1964
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-6495957 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FULTS, JIM 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 Jim Fults 3/4/99
Signature of 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	RICHBURG, ROBERT		1.2 NAME	Mary Nell Sexton	
STREET ADDRESS	223 YACHT CLUB DR		1.3 STREET ADDRESS	1610 Moore Street	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP	Niceville FL 32578	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VAN DYKE, NANCY		2.2 NAME		
STREET ADDRESS	1056 LAKE WAY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FULTS, JIM		3.2 NAME		
STREET ADDRESS	2819 EDGEWATER DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEARMAN, GLORIA JEAN		4.2 NAME		
STREET ADDRESS	2427 EDGEWATER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, DAVID C		5.2 NAME		
STREET ADDRESS	1591 RUCKEL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MEIGS, JANE		6.2 NAME		
STREET ADDRESS	1315 BAYSHORE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		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: Jim Fults SIGNATURE REQUIRED 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)