## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

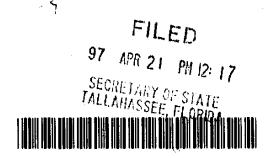
(1)708629

FLORIDA UNION OF EPISCOPAL METHODIST CHURCHES, I NC.

Principal Place of Business 1002 CLAY STREET

Mailing Address

1002 CLAY STREET TALLAHASSEE FL 32304-2317



TALLAMASSEE PL 32304-2317			IAL	INCOMMODEE LE SESONESTI								
								3.	Date Incorporated or Qualified 03/12/1965		of Last Report /22/1996	
2. 21	Principal Place of Bus	iness	2a. 26	Mailing Addre	es			4.	NOT APPLICABLE		Applied For Not Applicable	
22	Suite, Apt. #, etc		27	Suite, Apt. #,	etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip	Country 25	29	Zip	30	ountry		8.	This corporation has liability for i Florida Statutes			
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
						61	Name					
KNIGHT, ROBERT 1002 CLAY STREET					82	82 Street Address (P.O. Box Number is Not Acceptable)						
	TALLAHASSEE FL					83						
						84	City			FL	85 Zip Code	
1	1. Pursuant to the provi	sions of Sections 617	0502 and 6	17.1508, Florid	a Statutes, the	above	-named corp	ooratio	n submits this statement for the p	urpose of cf	hanging 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

SIGNATURE	Signature, typed or printed name of registered agent and title if		E: Registered Agent signature requir		ŢE
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DC	DELETE	1.1 TITLE	- Mar. of gay 1911, 1935p	ijio
NAME	KNIGHT, ROBERT (CHAIRMAN		1.2 NAME	manager to an art .	***************************************
STREET ADDRESS	1002 CLAY STREET		1.3 STREET ADDRESS		
CITY-ST-7IP	TALLAHASSEE, FL32304		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Additio
NAME	MCCLOUD, P.C., REV.		2.2 NAME	90000214	87393
STREET ADDRESS	420 GREAT LAKES ST.		2.3 STREET ADDRESS	90000214 -04/21/97- *****6[.2	-01031029
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-\$T-ZIP	*****61.2	5 ******61.25
TITLE	D	DELETE	3.1 TITLE		Change Additio
NAME	GRAHAM, WILLIE		3.2 NAME		
STREET ADDRESS	ROUTE 7, BOX 1335		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP		
THILE	D	DELETE	4.1 TITLE		Change Additio
NAME	THOMAS, PETER		4. 2 NAME		
STREET ADDRESS	1223 VOLUSIA		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	T	DELETE	51 TITLE		Change Additio
NAME	MCKINNEY, SAMUEL		5.2 NAME		•
STREET ADDRESS	705 CARVER STREET		5.3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL		5.4 CITY - ST - 2IP		
TITLE		DELETE	6.1 TITLE		Change Additio
NAME			6.2 NAME		מניומ
STREET ADDRESS			6.3 STREET ADDRESS		171045
CITY - ST. 7IP			6.4 City-ST-7IP		

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.

JUSTO COLOR REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

Pelturather Daysins Ptone # 000e180