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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708629 (1)

1. Corporation Name

FLORIDA UNION OF EPISCOPAL METHODIST CHURCHES, I  
NC.

Principal Place of Business

Mailing Address

1002 CLAY STREET  
TALLAHASSEE FL 32304-2317

1002 CLAY STREET  
TALLAHASSEE FL 32304-2317

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified  
03/12/1965

3a. Date of Last Report  
04/22/1996

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

24

25

29

30

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. 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

KNIGHT, ROBERT  
1002 CLAY STREET  
TALLAHASSEE FL 32304

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 DC  
NAME KNIGHT, ROBERT (CHAIRMAN)  
STREET ADDRESS 1002 CLAY STREET  
CITY-ST-ZIP TALLAHASSEE, FL32304

☐ DELETE

TITLE D  
NAME MCCLLOUD, P.C., REV.  
STREET ADDRESS 420 GREAT LAKES ST.  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D  
NAME GRAHAM, WILLIE  
STREET ADDRESS ROUTE 7, BOX 1335  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D  
NAME THOMAS, PETER  
STREET ADDRESS 1223 VOLUSIA  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE T  
NAME MCKINNEY, SAMUEL  
STREET ADDRESS 705 CARVER STREET  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

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\*\*\*\$61.25 \*\*\*\$61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

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MWB

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008190

CR2E037 (9/96)