

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 24 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708629

1. Corporation Name

Florida Union of Episcopal Methodist Churches, Inc.

Principal Place of Business

Mailing Address

1002 Clay St.
Tallahassee, FL 32304-2317

1233 Volusia St
Tallahassee, FL
32304

3. Date Incorporated or Qualified

3-12-65

4. FEI Number

N/A

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

1233 Volusia St.

Tallahassee, FL

32304

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Robert Knight (Deceased)
1002 Clay St.
Tallahassee, FL 32304

10. Name and Address of New Registered Agent

81 Name

Peter Thomas

82 Street Address (P.O. Box Number is Not Acceptable)

1233 Volusia St.

83

84 City

Tallahassee

FL

85 Zip Code

32304

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

Peter Thomas

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
00 Knight, Robert 1002 Clay St. Tallahassee, FL 32304 ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D McCloud, P.C. Rev 420 Great Lakes St. Tallahassee, FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Graham, Willie Rt. 7, Box 1335 Tallahassee, FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Thomas, Peter 1233 Volusia St. Tallahassee, FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
T McKinney, Samuel 205 Carver St. Tallahassee, FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 300002499453--2
2.4 CITY-ST-ZIP -04/24/98--01053--001
*****61.25 *****61.25

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Peter Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

Date

Daytime Phone #

CR2E037 (10/97)