

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 709597 (9)

1. Corporation Name  
**THE FIRST METHODIST CHURCH OF FORT MEADE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
CORNER OF EAST BROADWAY AND PINE AVE P O BOX 934  
FORT MEADE FL 33841-0934 CORNER OF EAST BROADWAY AND PINE AVE  
P O BOX 934  
FORT MEADE FL 33841-0934

3. Date Incorporated or Qualified 09/15/1965 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1090882 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
MOENNING, DAVID C.  
CORNER OF E. BROADWAY AND PINE AVE.  
122 NE 1ST ST.  
FORT MEADE FL 33841

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.0505, 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, BOB	1.2 NAME	
STREET ADDRESS	801 S HOUSTON AVE	1.3 STREET ADDRESS	600001513496
CITY-ST-ZIP	FT MEADE FL	1.4 CITY-ST-ZIP	-06/15/95--01032--003
TITLE	D	2.1 TITLE	****\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELDER DAVID	2.2 NAME	
STREET ADDRESS	521 GREEN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL 33841	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE SHIRLEY	3.2 NAME	
STREET ADDRESS	801 S. HOUSTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL 33841	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTER, WAYNE	4.2 NAME	
STREET ADDRESS	400 N OAK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEVY, AIMEE	5.2 NAME	
STREET ADDRESS	705 W. HOOKER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISHAUP, MARGARET	6.2 NAME	Renee Blackwelder
STREET ADDRESS	319 EAST BROADWAY	6.3 STREET ADDRESS	521 Green Circle
CITY-ST-ZIP	FT. MEADE FL	6.4 CITY-ST-ZIP	Pt. Meade, FL 33841

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *David C. Moening* Date: *June 2, 1995*