

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # 709597 (9)

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



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

3. Date Incorporated or Qualified 09/15/1965
 3a. Date of Last Report 06/12/1995

2. Principal Place of Business 2a. Mailing Address
 21 135 E. Broadway 26 135 E. Broadway
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-1090882
 Applied For Not Applicable

22 City & State 27 City & State
 23 Fort Meade FL 28 Fort Meade FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country
 24 33841 25 USA 29 33841 30 USA

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
 MOENNING, DAVID C. ← Delete
 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 Beam, Gary N.
 82 Street Address (P.O. Box Number is Not Acceptable) 135 E. Broadway
 83 Fort Meade,
 84 City Fort Meade FL 85 Zip Code 33841

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 *Gary N. Beam* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIRLEY, BOB	
STREET ADDRESS	801 S HOUSTON AVE	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKWELDER DAVID	
STREET ADDRESS	521 GREEN CIRCLE	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JUNE SHIRLEY	
STREET ADDRESS	801 S. HOUSTON AVE.	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GUNTER, WAYNE	
STREET ADDRESS	400 N OAK AVE	
CITY-ST-ZIP	FT MEADE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PEVY, AIMEE	
STREET ADDRESS	705 W. HOOKER ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BLACKWELDER, RENEE	
STREET ADDRESS	521 GREEN CIRCLE	
CITY-ST-ZIP	FT. MEADE FL 33841	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary Elfriede B. Warburton
5.3 STREET ADDRESS	2597 N. Brooke Rd.
5.4 CITY-ST-ZIP	Fort Meade, FL 33841
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Treas. True, Jewel
6.3 STREET ADDRESS	807 Edgewood
6.4 CITY-ST-ZIP	FL 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 119.07(3)(k), 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: *Gary N. Beam* DATE: 941-285-9059
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)