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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
135 EBROADWAY P O BOX 934 FORT MEADE FL 33840 US  
135 E BROADWAY P O BOX 934 FORT MEADE FL 33840-0934 US

3. Date Incorporated or Qualified 09/15/1965  
3a. Date of Last Report 07/19/1996  
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  
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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BEAM, GARY N.  
135 E. BROADWAY  
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 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 reinstalling) DATE: 3-14-97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SHIRLEY, BOB	
STREET ADDRESS	801 S HOUSTON AVE	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D	DELETE
NAME	BLACKWELDER DAVID	
STREET ADDRESS	521 GREEN CIRCLE	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	D	DELETE
NAME	JUNE SHIRLEY	
STREET ADDRESS	801 S. HOUSTON AVE.	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	C	DELETE
NAME	GUNTER, WAYNE	
STREET ADDRESS	400 N OAK AVE	
CITY-ST-ZIP	FT MEADE FL	
TITLE	S	DELETE
NAME	WARBURTON, ELFRKEDE B.	
STREET ADDRESS	2597 N. BROOKE RD	
CITY-ST-ZIP	FORT MEAE FL	
TITLE	T	DELETE
NAME	TRUE, JEWEL	
STREET ADDRESS	807 EDGEWOOD	
CITY-ST-ZIP	FT. MEADE FL	

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		
2.4 CITY-ST-ZIP		
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 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: *Jewel True* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3-14-97 941-285-8300

CP2E037 (9/96)