

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 28 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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 135 E BROADWAY**  
**P O BOX 934 P O BOX 934**  
**FORT MEADE FL 33040 FORT MEADE FL 33040**  
**US US**

3. Date Incorporated or Qualified  
**09/15/1965**

4. FEI Number Applied For  
**59-1090882** 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. 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

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 85 FL 86 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 Jewel True, Treas. 04-30-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D SHIRLEY, BOB**

STREET ADDRESS **801 S HOUSTON AVE**

CITY-ST-ZIP **FT MEADE FL**

TITLE  DELETE

NAME **D BLACKWELDER DAVID**

STREET ADDRESS **521 GREEN CIRCLE**

CITY-ST-ZIP **FT MEADE FL 33841**

TITLE  DELETE

NAME **D JUNE SHIRLEY**

STREET ADDRESS **801 S. HOUSTON AVE.**

CITY-ST-ZIP **FT MEADE FL 33841**

TITLE  DELETE

NAME **C GUNTER, WAYNE**

STREET ADDRESS **400 N OAK AVE**

CITY-ST-ZIP **FT MEADE FL**

TITLE  DELETE

NAME **S WARBURTON, ELFRKEDE B.**

STREET ADDRESS **2807 N. BROOKE RD**

CITY-ST-ZIP **FORT MEAE FL**

TITLE  DELETE

NAME **T 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 **100002539891**

4.3 STREET ADDRESS **-05/29/98--01001--015**

4.4 CITY-ST-ZIP **\*\*\*61.25**

5.1 TITLE  Change  Addition

5.2 NAME **WARBURTON, ELFRIEDE B.**

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)(l), 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: *[Handwritten Signature]* 4/30/98 911-295-8301