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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709597

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

Principal Place of Business
135 EBROADWAY
P O BOX 934
FORT MEADE FL 33840
US

Mailing Address
135 E BROADWAY
P O BOX 934
FORT MEADE FL 33840
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/15/1965
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1090882
24 33841	29 33841	Applied For
25 Country	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

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 Shirley, Bob
82 Street Address (P.O. Box Number is Not Acceptable) 801 S Houston Ave
83
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 Bob Shirley DATE 4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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	
CITY-ST-ZIP	FT MEADE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARBURTON, ELFRIEDE B	5.2 NAME	
STREET ADDRESS	2597 N. BROOKE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEAE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUE, JEWEL	6.2 NAME	T Helen Palmer
STREET ADDRESS	807 EDGEWOOD	6.3 STREET ADDRESS	1010 E Broadway
CITY-ST-ZIP	FT. MEADE FL	6.4 CITY-ST-ZIP	Ft. Meade, FL 33841

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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/21/99 Daytime Phone # 941-285-8388

CR2E037 (11/98)