

**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 # 709612 (6)**  
1. Corporation Name  
**METHODIST COMMUNITY CHURCH OF MARATHON, INC.**



Principal Place of Business: **3010 OVERSEAS HIGHWAY MARATHON FL 33050**  
Mailing Address: **3010 OVERSEAS HIGHWAY MARATHON FL 33050**

3. Date Incorporated or Qualified: **09/20/1965**  
3a. Date of Last Report: **03/13/1995**  
4. FEI Number: **59-2354291**  
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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**RAGLAND, MARTHA A.**  
**3010 OVERSEAS HIGHWAY**  
**MARATHON FL 33050**

**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: *Martha Ragland, Registered Agent* DATE: **6/10/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAGLAND, MARTHA A.</b>	
STREET ADDRESS	<b>510 68TH STREET</b>	
CITY - ST - ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, GARY L</b>	
STREET ADDRESS	<b>2112 DOLPHIN DR</b>	
CITY - ST - ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, KEN</b>	
STREET ADDRESS	<b>6973 O/S HGHY. LOT 7</b>	
CITY - ST - ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KERR, ELOISE</b>	
STREET ADDRESS	<b>170 11TH STREET</b>	
CITY - ST - ZIP	<b>KEY COLONY BEACH FL 33051</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Tr Ray Morton</b>	
1.3 STREET ADDRESS	<b>516 Avenida Primavera</b>	
1.4 CITY - ST - ZIP	<b>Marathon, FL 33050</b>	
2.1 TITLE	<b>Tr</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Graham Hill</b>	
2.3 STREET ADDRESS	<b>10877 Overseas Highway #110</b>	
2.4 CITY - ST - ZIP	<b>Marathon, FL 33050</b>	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Eloise Kerr* **6/12/96** **305-743-6022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (3/96)