

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 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 # 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	4. FEI Number 59-2354291	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
--	------------------------------------	---	--

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	MORTON, RAY	
STREET ADDRESS	516 AVENIDA PRINCIA	
CITY-ST-ZIP	MARATHON FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	HILL, GRAHAM	
STREET ADDRESS	10877 OVERSEAS HIGHWAY 110	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, KEN	
STREET ADDRESS	6973 O/S HGHY. LOT 7	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERR, ELOISE	
STREET ADDRESS	170 11TH STREET	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
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	<i>Trustee</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>John Hunt</i>	
1.3 STREET ADDRESS	<i>7991 Shark Dr</i>	
1.4 CITY-ST-ZIP	<i>Marathon, FL 33058</i>	
2.1 TITLE	<i>Trustee</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Kent McLaughlin</i>	
2.3 STREET ADDRESS	<i>105 Startup Key Woods Rd</i>	
2.4 CITY-ST-ZIP	<i>Marathon, FL 33050</i>	
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 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: *Eloise Kerr* **ELOISE KERR 4/1/98 305.743.5107**

CR2E037 (10/97)