

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711777** (3)

1. Corporation Name

FIRST METHODIST CHURCH OF CHIPLEY, INC.



Principal Place of Business	Mailing Address
111 WEST JACKSON AVE CHIPLEY FL 32428	111 WEST JACKSON AVE CHIPLEY FL 32428

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1285 JACKSON AVE	26 1285 JACKSON AVE	11/08/1966	04/14/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
		59-1163780	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CHIPLEY FL	28 CHIPLEY, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
32428	WASHINGTON	32428	WASHINGTON
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEEL, W F 305 NO 4 STR CHIPLEY FL 32428		81 Name	RAY ESTES
		82 Street Address (P.O. Box Number is Not Acceptable)	837 FOURTH STREET
		83	
		84 City	CHIPLEY FL
		85 Zip Code	32428

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: Emory R. Estes DATE: 4/12/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	LANEY, JERRY	1.2 NAME	Ray, Ralph
STREET ADDRESS	1100 NO 6 STR	1.3 STREET ADDRESS	611 South Third St.
CITY-ST-ZIP	CHIPLEY, FL 0	1.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	S	2.1 TITLE	P
NAME	ESTES, RAY	2.2 NAME	Estes, Ray
STREET ADDRESS	410 SO 3 STR	2.3 STREET ADDRESS	837 Fourth St.
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	D	3.1 TITLE	D
NAME	ELLIS, BEBE	3.2 NAME	Harrell, Don
STREET ADDRESS	ROUTE 7, BOX 650	3.3 STREET ADDRESS	Route 4 Box 619
CITY-ST-ZIP	CHIPLEY, FL 0	3.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	V	4.1 TITLE	D
NAME	RIDLEY, DAVID	4.2 NAME	Stephens, Gladys
STREET ADDRESS	ROUTE 1 BOX 244E	4.3 STREET ADDRESS	306 South Sixth St.
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	D	5.1 TITLE	
NAME	AUKEMA, BONNIE	5.2 NAME	
STREET ADDRESS	3061 WOODREST RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY, FL 0	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	D
NAME	PEEL, W F	6.2 NAME	Henders, Walt
STREET ADDRESS	305 NO 4 STR	6.3 STREET ADDRESS	403 Court Ave.
CITY-ST-ZIP	CHIPLEY FL	6.4 CITY-ST-ZIP	Chipley, FL 32428

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: Emory R. Estes DATE: 4/12/96 (904) 638-6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)