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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 711777 (3)

1. Corporation Name
FIRST METHODIST CHURCH OF CHIPLEY, INC.



Principal Place of Business Mailing Address
1285 JACKSON AVE
CHIPLEY FL 32428
US

3. Date Incorporated or Qualified 11/08/1966
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-1163780 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

9. Name and Address of Current Registered Agent
ESTES, RAY
837 FOURTH STREET
CHIPLEY FL 32428

10. Name and Address of New Registered Agent
81 Name David Ridley
82 Street Address (P.O. Box Number is Not Acceptable) 631 Corbin Rd.
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 David Ridley, Ch. Board of Trustees 4/16/97
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 D RAY, RALPH
NAME RAY, RALPH
STREET ADDRESS 611 SOUTH THIRD ST
CITY-ST-ZIP CHIPLEY, FL 0
TITLE P ESTES, RAY
NAME ESTES, RAY
STREET ADDRESS 837 FOURTH ST
CITY-ST-ZIP CHIPLEY FL
TITLE D HARRELL, DON
NAME HARRELL, DON
STREET ADDRESS ROUTE 4 BOX 619
CITY-ST-ZIP CHIPLEY, FL 0
TITLE D STEPHENS, GLADYS
NAME STEPHENS, GLADYS
STREET ADDRESS 306 SOUTH SIXTH ST
CITY-ST-ZIP CHIPLEY FL
TITLE D AUKEMA, BONNIE
NAME AUKEMA, BONNIE
STREET ADDRESS 3061 WOODREST RD
CITY-ST-ZIP CHIPLEY, FL 0
TITLE D HENDERS, WALT
NAME HENDERS, WALT
STREET ADDRESS 403 COURT AVE
CITY-ST-ZIP CHIPLEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE P
2.2 NAME Ridley, David
2.3 STREET ADDRESS 631 Corbin Rd.
2.4 CITY-ST-ZIP Chipley fl 32428
3.1 TITLE D
3.2 NAME Gordy, Paul
3.3 STREET ADDRESS 783 Fifth St.
3.4 CITY-ST-ZIP Chipley, FL 32428
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D
5.2 NAME Brown, Gene
5.3 STREET ADDRESS 946 Main St.
5.4 CITY-ST-ZIP Chipley fl 32428
6.1 TITLE D
6.2 NAME Jackson, Gordon
6.3 STREET ADDRESS 1721 Old Bonifay Rd.
6.4 CITY-ST-ZIP Chipley, FL 32428

14. I do 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: X David Ridley 4/16/97 (904) 638-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr 0077821

CR2E037 (9/96)