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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		1285 JACKSON AVENUE CHIPLEY FL 32428 US	
21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country		

3.	Date Incorporated or Qualified	11/08/1966
4.	FEI Number	59-1163780
	Applied For	Not Applicable
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

RIDLEY, DAVID
631 CORBIN RD
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81	Name	RALPH RAY
82	Street Address (P.O. Box Number is Not Acceptable)	819 THIRD STREET
83		
84	City	CHIPLEY
85	Zip Code	FL 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: Ralph Ray **Ralph Ray** 3/30/98
(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	<input checked="" type="checkbox"/> DELETE
NAME	RAY, RALPH	
STREET ADDRESS	611 SOUTH THIRD ST	
CITY-ST-ZIP	CHIPLEY, FL 0	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RIDLEY, DAVID	
STREET ADDRESS	631 CORBIN RD	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDY, PAUL	
STREET ADDRESS	783 5TH ST	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, GLADYS	
STREET ADDRESS	308 SOUTH SIXTH ST	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, GENE	
STREET ADDRESS	946 MAIN ST	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, GORDON	
STREET ADDRESS	1721 OLD BONIFAY RD	
CITY-ST-ZIP	CHIPLEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAY, RALPH	
1.3 STREET ADDRESS	819 THIRD ST	
1.4 CITY-ST-ZIP	CHIPLEY FL 32428	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIDLEY, DAVID	
2.3 STREET ADDRESS	631 CORBIN RD	
2.4 CITY-ST-ZIP	CHIPLEY FL 32428	
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: Ralph Ray **Ralph Ray** 3/30/98 850-638-0010

CP2E037 (10/97)