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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711777

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

Principal Place of Business 1285 JACKSON AVE CHIPLEY FL 32428 US	Mailing Address 1285 JACKSON AVENUE CHIPLEY FL 32428 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/08/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1163780
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
RAY, RALPH 819 THIRD ST CHIPLEY FL 32428		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: *Ralph Ray* DATE: 3-30-99
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, RALPH	1.2 NAME	
STREET ADDRESS	819 THIRD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDLEY, DAVID	2.2 NAME	
STREET ADDRESS	631 CORBIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDY, PAUL	3.2 NAME	
STREET ADDRESS	783 5TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENS, GLADYS	4.2 NAME	TR: Harrell, Rena
STREET ADDRESS	306 SOUTH SIXTH ST	4.3 STREET ADDRESS	1660 Coy Dr., Chipley FL 32428
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, GENE	5.2 NAME	TR: Ellis Ole
STREET ADDRESS	946 MAIN ST	5.3 STREET ADDRESS	1297 Fairway Dr.
CITY-ST-ZIP	CHIPLEY FL	5.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GORDON	6.2 NAME	
STREET ADDRESS	1721 OLD BONIFAY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	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, with all other like empowered.

SIGNATURE: *Ralph Ray* DATE: 3-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)