

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 # 715977 (5)
1. Corporation Name

THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF ORLANDO DISTRICT, INC.



Principal Place of Business: 2125 E SOUTH ST. ORLANDO FL 32803-3502
Mailing Address: 2125 E SOUTH ST. ORLANDO FL 32803-3502

3. Date Incorporated or Qualified: 01/31/1969
3a. Date of Last Report: 02/23/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-1147115
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: WITTEN, W. D, 2125 E SOUTH ST, ORLANDO FL 32803
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ DATE: _____
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: TD	NAME: WALLACE, HUGH	1.1 TITLE: Executive Officer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 615 EXECUTIVE DRIVE	CITY-ST-ZIP: WINTER PARK FL	1.2 NAME: W. Dean Witten, District Superintendent	
		1.3 STREET ADDRESS: 2125 E. South Street	
		1.4 CITY-ST-ZIP: Orlando, Florida 32803-6502	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: DP	NAME: MURRAH, KENNETH	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 800 W MORSE BLVD	CITY-ST-ZIP: WINTER PARK FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: D	NAME: BLEDSOE, TOM	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: P.O. BOX 2641	CITY-ST-ZIP: WINTER PARK FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: D	NAME: JACKSON, T G JR	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 626 2ND AVE	CITY-ST-ZIP: WINDERMERE FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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: *Wendell P. Murch, President* Feb. 18, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)