

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722034 (6)

**1. Corporation Name
CHRIST UNITED METHODIST CHURCH OF MILTON, FLORID
A. INCORPORATED**

**Principal Place of Business Mailing Address
2191 N. DOGWOOD MILTON FL 32570 2191 N. DOGWOOD MILTON FL 32570**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1971 3a. Date of Last Report 04/26/1994

4. FEI Number 59-1926257 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [x] \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [x] No

**2. Principal Place of Business 2a. Mailing Address
21 5983 Whiting Field Blvd 2a 5983 Whiting Field Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Milton FL 28 Milton FL
Zip Country Zip Country
24 32570 3509 25 29 32570 3509 30**

**9. Name and Address of Current Registered Agent
VANLANDINGHAM, CHARLES
6253 WILLARD NORRIS RD
MILTON FL 32570**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	[] Change [] Addition
NAME	VALANDINGHAM, CHARLES	1.2 NAME	
STREET ADDRESS	6253 WILLIARD NORRIS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	[] Change [] Addition
NAME	VANLANDINGHAM, MARCHETA	2.2 NAME	
STREET ADDRESS	6253 WILLARD NORRIS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	[] Change [] Addition
NAME	HUFFMAN, CHARLENE R.	3.2 NAME	
STREET ADDRESS	6527 PALOMINO DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: *Charles J. Vanlandingham* **4/2/95** **904-623-6408**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #