

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 # 722034 (6)
1. Corporation Name
CHRIST UNITED METHODIST CHURCH OF MILTON, FLORID A, INCORPORATED



Principal Place of Business: 5983 WHITING FIELD BLVD MILTON FL 32570 US
Mailing Address: 5983 WHITING FIELD BLVD MILTON FL 32570 US

3. Date Incorporated or Qualified: 11/08/1971
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1926257	Applied For	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Not Applicable	
22	5983 Dogwood St	5983 Dogwood St	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	Milton Florida	Milton Florida	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	32570-3330	USA	25	29	32570-3330	USA	30
	Zip	Country		29	Zip	Country	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

VANLANDINGHAM, CHARLES
6253 WILLARD NORRIS RD
MILTON FL 32570

81	Name	SMITH, Felton E.
82	Street Address (P.O. Box Number is Not Acceptable)	6263 Willard Norris Rd
83		
84	City	Milton
	State	FL
85	Zip Code	32570

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: Felton E. Smith
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT VALANDINGHAM, CHARLES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT SMITH, Felton E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALANDINGHAM, CHARLES	1.2 NAME	SMITH, Felton E.
STREET ADDRESS	6253 WILLIARD NORRIS RD	1.3 STREET ADDRESS	6263 Willard Norris Rd
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Milton FL 32570
TITLE	SD VANLANDINGHAM, MARCHETA <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 HUFFMAN, CHARLENE R. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Felton E. Smith Felton E Smith 4/25/96 904-623-1298
Signature and typed or printed name of signing officer or director Date Day/Time Phone #

CP2E037 (12/95)