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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 722034

1. Corporation Name

**CHRIST UNITED METHODIST CHURCH OF MILTON, FLORID
 A, INCORPORATED**

Principal Place of Business

5983 DOGWOOD ST
 MILTON FL 32570-3330
 US

Mailing Address

5983 DOGWOOD ST
 MILTON FL 32570-3330
 US

405327-90219-38 7



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/08/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1926257

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24 25 29 30
 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, FELTON E.
 6263 WILLARD NORRIS RD
 MILTON FL 32570

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT DELETE
 NAME SMITH, FELTON E.
 STREET ADDRESS 6263 WILLARD NORRIS RD
 CITY-ST-ZIP MILTON FL

1.1 TITLE President Change Addition
 1.2 NAME Robert V Chapman
 1.3 STREET ADDRESS 5692 Country Squire Dr
 1.4 CITY-ST-ZIP Milton FL 32570

TITLE SD DELETE
 NAME VANLANDINGHAM, MARCHETA
 STREET ADDRESS 6253 WILLARD NORRIS RD
 CITY-ST-ZIP MILTON FL

2.1 TITLE Secretary Change Addition
 2.2 NAME Susan Sample
 2.3 STREET ADDRESS 6023 Running Deer Rd
 2.4 CITY-ST-ZIP Milton FL 32570

TITLE TD DELETE
 NAME HUFFMAN, CHARLENE R.
 STREET ADDRESS 6527 PALOMINO DRIVE
 CITY-ST-ZIP MILTON FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Charlene R. Huffman* Charlene R. Huffman 4/21/99 850/623-8820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)