

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

**APPROVED AND FILED**

**95 APR 18 PM 11:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # 731440 (4)**

1. Corporation Name  
**THE EVANGELICAL METHODIST CHURCH OF OSCEOLA COUN TY, INC.**

Principal Place of Business      Mailing Address

**1215 HICKORY TREE RD.  
ST. CLOUD FL 34771-8572  
US**

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ST. CLOUD FL 34771-8572  
US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/23/1974**      **04/19/1994**

4. FEI Number      Applied For  
**NOT APPLICABLE**      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       **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**OSCAR, P. LONG  
1240 HICKORY TREE RD.  
ST. CLOUD FL 34771**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      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: *Oscar P. Long*      DATE: **4/10/95**

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	<b>TOMS, BRUCE</b>
STREET ADDRESS	<b>5270 STARLINE DRIVE</b>
CITY-ST-ZIP	<b>ST CLOUD, FL 00000</b>
TITLE	T
NAME	<b>WIGAL, GEORGE</b>
STREET ADDRESS	<b>2800 HORTON ROAD</b>
CITY-ST-ZIP	<b>KISSIMEE, FL 00000</b>
TITLE	T
NAME	<b>SIKES, CHARLES</b>
STREET ADDRESS	<b>1150 ALBANY AVE.</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	ST
NAME	<b>LONG, OSCAR P</b>
STREET ADDRESS	<b>1240 HICKORY TREE RD</b>
CITY-ST-ZIP	<b>ST CLOUD FL</b>
TITLE	CT
NAME	<b>QUINN, DANNY</b>
STREET ADDRESS	<b>2893 BIG SKY BLVD.</b>
CITY-ST-ZIP	<b>KISSIMEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SS/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Fortner, Carol</b>
1.3 STREET ADDRESS	<b>5355 Marilyn Lane</b>
1.4 CITY-ST-ZIP	<b>St. Cloud, FL 34772</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LONG, OSCAR P.</b>
4.3 STREET ADDRESS	<b>1240 HICKORY TREE, RD.</b>
4.4 CITY-ST-ZIP	<b>ST. CLOUD, FL. 34771</b>
5.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>QUINN, DANNY</b>
5.3 STREET ADDRESS	<b>2893 BIG SKY BLVD.</b>
5.4 CITY-ST-ZIP	<b>KISSIMEE, FL.</b>
6.1 TITLE	<b>C/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Shaffer, Deby</b>
6.3 STREET ADDRESS	<b>4754 Meadow Drive</b>
6.4 CITY-ST-ZIP	<b>St. Cloud, Florida 34772</b>

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: *Carol Fortner*      **Carol Fortner, 3-28-95 407-892-8580**