

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **731440** (4)
1. Corporation Name
THE EVANGELICAL METHODIST CHURCH OF OSCEOLA COUNTY, INC.



Principal Place of Business Mailing Address
**1215 HICKORY TREE RD.
ST. CLOUD FL 34771-8572
US** **1215 HICKORY TREE RD.
ST. CLOUD FL 34771-8572
US**

3. Date Incorporated or Qualified **12/23/1974** 3a. Date of Last Report **04/18/1995**
4. FEI Number **NOT APPLICABLE** 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**
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 24 Country 25 28 Zip 29 Country 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------------|---|--|
| TITLE <input checked="" type="checkbox"/> DELETE | NAME FORTNER, CAROL | 1.1 TITLE T THOMAS F. BRIDGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5355 MARILYN LANE | CITY-ST-ZIP ST CLOUD, FL 00000 | 1.2 NAME P.O. 422397 | |
| | | 1.3 STREET ADDRESS KISSIMEE, FL. 3742-2397 | |
| | | 1.4 CITY-ST-ZIP N/A | |
| TITLE <input type="checkbox"/> DELETE | NAME WIGAL, GEORGE | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS 2800 HORTON ROAD | CITY-ST-ZIP KISSIMEE, FL 00000 | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME SIKES, CHARLES | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1150 ALBANY AVE. | CITY-ST-ZIP ST. CLOUD FL | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME LONG, OSCAR P | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1240 HICKORY TREE ROAD | CITY-ST-ZIP ST CLOUD FL | 4.2 NAME OSCAR P. LONG | |
| | | 4.3 STREET ADDRESS 1240 HICKORY TREE RD. | |
| | | 4.4 CITY-ST-ZIP SAINT CLOUD, FL. 34771 | |
| TITLE <input type="checkbox"/> DELETE | NAME QUINN, DANNY | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2893 BIG SKY BLVD. | CITY-ST-ZIP KISSIMEE FL | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME SHAFFER, DEBY | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 4754 MEADOW DRIVE | CITY-ST-ZIP ST. CLOUD FL | 6.2 NAME | |
| | | 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: Oscar P. Long S/T OSCAR P. LONG S/T Date: 2/27/96 Daytime Phone #: 407-892-2086

CR2E037 (12/95)