

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731440 (4)
1. Corporation Name
THE EVANGELICAL METHODIST CHURCH OF OSCEOLA COUNTY, INC.

Principal Place of Business 1215 HICKORY TREE RD. ST. CLOUD FL 34771-8572 US	Mailing Address 1215 HICKORY TREE RD. ST. CLOUD FL 34771-8572 US
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		3b. Date Incorporated or Qualified 12/23/1974	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Zip Country		28 Zip Country		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
24 Zip Country		29 Zip Country		30		81 Name	

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

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	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, THOMAS F	1.2 NAME	Tr
STREET ADDRESS	P O BOX 422397	1.3 STREET ADDRESS	N.A.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGAL, GEORGE	2.2 NAME	P
STREET ADDRESS	2800 HORTON ROAD	2.3 STREET ADDRESS	Marion Fred Toms
CITY-ST-ZIP	KISSIMMEE, FL 00000	2.4 CITY-ST-ZIP	5270 Starline Drive
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, CHARLES	3.2 NAME	Tr
STREET ADDRESS	1150 ALBANY AVE.	3.3 STREET ADDRESS	12 Lind Ave
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, OSCAR P	4.2 NAME	Tr
STREET ADDRESS	1240 HICKORY TREE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, DANNY	5.2 NAME	S
STREET ADDRESS	2893 BIG SKY BLVD.	5.3 STREET ADDRESS	Eva Harrell
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	608 Missouri Ave
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, DEBY	6.2 NAME	T/Tr
STREET ADDRESS	4754 MEADOW DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Marion Fred Toms* **Marion Fred Toms** **Jan 31, 1997** (407) **892-3818**

CFR2037 (9/96)