

FILE NOW: FILING FEE IS \$61.25

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 735596 (9)
1. Corporation Name
MIMS UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
3302 Green St 3302 Green St
Mims, FL 32754 Mims, FL 32754

700002107957
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3. Date Incorporated or Qualified 04/16/1976		3a. Date of Last Report 03/28/1996	
4. FEI Number 59-2354758		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	59-2354758		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Curtis Wood
82 Street Address (P.O. Box Number is Not Acceptable)	2992 Polson Road
83	
84 City	Mims
85 Zip Code	FL 32754

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: *Curtis Wood* DATE: 2-26-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Herb	1.2 NAME	Baumberger, Nancy
STREET ADDRESS	3405 Oliver Ct	1.3 STREET ADDRESS	3095 Rosemarie Dr
CITY-ST-ZIP	Mims, Fla 32754	1.4 CITY-ST-ZIP	Titusville, Fla 32796
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Happen, Lillian	2.2 NAME	Griffis, Brad
STREET ADDRESS	4263 Hammock Tr	2.3 STREET ADDRESS	3467 W. Main St
CITY-ST-ZIP	Mims, Fla 32754	2.4 CITY-ST-ZIP	Mims, Fla 32754
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Carol	3.2 NAME	Baumberger, Jim
STREET ADDRESS	1185 Crescent Dr	3.3 STREET ADDRESS	3095 Rosemarie Dr
CITY-ST-ZIP	Titusville, Fla 32796	3.4 CITY-ST-ZIP	Titusville, Fla 32796
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Walter, Herman
STREET ADDRESS		4.3 STREET ADDRESS	4383 Lantern Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Titusville, Fla 32796
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Feagan, Beulah
STREET ADDRESS		5.3 STREET ADDRESS	2230 Singleton Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Mims, Fla 32754
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Harris, Ed
STREET ADDRESS		6.3 STREET ADDRESS	3504 W Main St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Mims, Fla 32754

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: *Curtis Wood* DATE: 2-26-97 DAYTIME PHONE #: 407)861-0687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Curtis Wood

CR2E037 (9/96)