


FILE NOW: FILING FEE IS \$61.25

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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 # **735902** (9)

1. Corporation Name

**FLORIDA CONFERENCE COMMITTEE OF UNITED METHODIST
MEN, INC.**



Principal Place of Business	Mailing Address
PO BOX 1320 VALRICO FL 33594-1320	PO BOX 1320 VALRICO FL 33595-1320

3. Date Incorporated or Qualified 05/24/1976	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0904361	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	30 Country	Country
24 33595-1320	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, JERRY C.
4701 FAIRLEA DR.
VALRICO FL 33594**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABBERT, RUSS	1.2 NAME	COWART, JACK
STREET ADDRESS	6880 E. CHANNEL DR.	1.3 STREET ADDRESS	RT 1 BOX 927
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWELL, JOHN	2.2 NAME	DOWELL, JOHN
STREET ADDRESS	4501 TWIN CREST WAY	2.3 STREET ADDRESS	4501 TWIN CREST WAY
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, BUD	3.2 NAME	
STREET ADDRESS	2956 STARWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOPLING, WALLACE	4.2 NAME	
STREET ADDRESS	3640 NW 105 WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

352-637-4728

Daytime Phone # 0046713

CR2E037 (9/96)