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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735902

1. Corporation Name
FLORIDA CONFERENCE COMMITTEE OF UNITED METHODIST MEN, INC.

Principal Place of Business PO BOX 1320 VALRICO FL 33595-1320 US	Mailing Address PO BOX 1320 VALRICO FL 33595-1320 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0904361
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 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	
		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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABBERT, RUSS	1.2 NAME	OWELL, JOHN
STREET ADDRESS	6880 E. CHANNEL DR.	1.3 STREET ADDRESS	4501 TWIN CREST WAY
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWELL, JOHN	2.2 NAME	WRIGHT, BOB
STREET ADDRESS	4501 TWIN CREST WAY	2.3 STREET ADDRESS	12105 CANAL ST
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, BUD	3.2 NAME	COWART, JACK
STREET ADDRESS	2956 STARWOOD DR	3.3 STREET ADDRESS	13950 NE 80th AVE
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWART, JACK	4.2 NAME	MONROE, STAN
STREET ADDRESS	RT 1 BOX 927	4.3 STREET ADDRESS	RT 3 BOX 47K-2
CITY-ST-ZIP	NEWBERRY FL	4.4 CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SOLOMONS, JOE
STREET ADDRESS		5.3 STREET ADDRESS	3233 PLUM ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 2-1-99 813-251-6458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)