

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # **737811** (0)
1. Corporation Name
THE FLORIDA UNITED METHODIST COMMITTEE FOR CHURCH DEVELOPMENT, INC.



Principal Place of Business 1140 EAST McDONALD ST. POST OFFICE BOX 3767 LAKELAND FL 33802		Mailing Address 1140 EAST McDONALD ST. POST OFFICE BOX 3767 LAKELAND FL 33802		3. Date Incorporated or Qualified 01/12/1977	3a. Date of Last Report 03/23/1995
2. Principal Place of Business 21 1122 E McDonald Street	2a. Mailing Address 26 P O Box 1747	4. FEI Number 59-0904361		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Lakeland FL	28 City & State Lakeland FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33801	25 Country USA	29 Zip 33802-1747	30 Country USA	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 COURTOY, CHARLES W 1140 E McDONALD ST LAKELAND FL 33801				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 1122 E McDonald Street			
84 City Lakeland				85 State FL		86 Zip Code 33801	

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 NAME STREET ADDRESS CITY-ST-ZIP	T BERRY, BEVERLEY 1140 E McDONALD ST. LAKELAND FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEW, DR. JOHN F. 2064 SE 37TH CT CIR OCALA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Butler, Jr., Paul B. 807 Ben Lomond Drive Tampa FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLARNON, RODNEY M. 2075 MEADOWLANE AVENUE MELBOURNE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Ward, Darrell E. 4874 Shearwater Lane Naples FL 33999 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, DENNIS PO BOX 145 N/A DAVENPORT FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD Baldwin, William L. 115 E Howry Avenue DeLand FL 32724-5516 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOPER, SHIRLEY H 1140 E McDONALD ST LAKELAND FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS Holden, Barbara A. 1122 E McDonald Street Lakeland FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra B. Morham* **1-26-96** (810) 281-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)