

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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

Principal Place of Business 1140 E McDonald Street Lakeland FL 33801	Mailing Address P O Box 3767 Lakeland FL 33802
--	--

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/12/1977
4. FEI Number 59-0904361
Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Courtoy, Charles W.
1140 E McDonald Street
Lakeland FL 33801

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	Berry, Beverley C.
STREET ADDRESS	1140 E McDonald Street
CITY-ST-ZIP	Lakeland FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	Butler, Paul B. Jr.
STREET ADDRESS	807 Ben Lomond Drive
CITY-ST-ZIP	Tampa FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Ward, Darrell E
STREET ADDRESS	4874 Shearwater Lane
CITY-ST-ZIP	Naples FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	Rinaman, Kim
STREET ADDRESS	3661 San Jose Terrace
CITY-ST-ZIP	Jacksonville FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	Holden, Barbara A.
STREET ADDRESS	1140 E McDonald Street
CITY-ST-ZIP	Lakeland FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See Rinaman
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TSD
4.3 STREET ADDRESS	Rinaman, William K.
4.4 CITY-ST-ZIP	6501 Arlington Expressway #A101
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jacksonville FL 32211
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1000002462211
6.3 STREET ADDRESS	-03/19/98--01022--019
6.4 CITY-ST-ZIP	***61.25

14. I 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: *Kim Rinaman* **PRESIDENT** 3/4/98 (P13) 281 1990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)