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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745562** (9)

1. Corporation Name

THE FLORIDA CONFERENCE OF THE FREE METHODIST CHURCH OF NORTH AMERICA, INC.



Principal Place of Business	Mailing Address
5356 ZION AVE LAKELAND FL 33610 US	5356 ZION AVE LAKELAND FL 33609

3. Date Incorporated or Qualified 01/15/1979	
4. FEI Number 59-6511994	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 33810

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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SMOUT, CHARLES O 5356 ZION AVE LAKELAND FL 33609- 33810	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	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 *Charles O. Smout* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KELLY, RAYMOND
STREET ADDRESS	7821 TENBY CRT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	P <input type="checkbox"/> DELETE
NAME	SNYDER, RICHARD D.
STREET ADDRESS	203 CHARLESGATE CIRCLE
CITY-ST-ZIP	EAST AMHERST NY
TITLE	S <input type="checkbox"/> DELETE
NAME	FISHER, HAROLD G
STREET ADDRESS	13945 S 20TH ST
CITY-ST-ZIP	DADE CITY FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	SMOUT, CHARLES O.
STREET ADDRESS	5356 ZION AVE
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	VCD <input checked="" type="checkbox"/> DELETE
NAME	STRODE, WILLIAM L
STREET ADDRESS	14127 REGENCY LANE
CITY-ST-ZIP	DADE CITY FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	CLEVELAND, DONALD J.
STREET ADDRESS	8254 CANAAN
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDERSON, DAVID
1.3 STREET ADDRESS	3104 S. Bryan Road
1.4 CITY-ST-ZIP	Brandon, FL 33511-7514
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	14051
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33525
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33810
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FAJARDO, JOSH
5.3 STREET ADDRESS	2705 Armenia Court
5.4 CITY-ST-ZIP	Tampa, FL 33614
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33810

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: *Charles O. Smout Sec. Treas*

1/15/98 (941)858-4995

CF2E037 (10/97)