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May 09 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 # **756457** (8)

1. Corporation Name

WILLIAM'S TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**301 OQUENTIN AVENUE N.W.
WINTER HAVEN FL 33881-5207**

**301 OQUENTIN AVENUE N.W.
WINTER HAVEN FL 33881-5207**



3. Date Incorporated or Qualified
02/20/1981

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, MARK L. REV
2055 9TH LANE N.E.
WINTER HAVEN FL 33881**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUNTER, MAXIE	
STREET ADDRESS	228 COLLEGE GROVE CIRCLE, NE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, FREDERICK	
STREET ADDRESS	1805 NW 3RD ST	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODRUM, IDA	
STREET ADDRESS	1806 NW 3RD ST	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, CALVIN	
STREET ADDRESS	312 AVE X, NE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, LEONA	
STREET ADDRESS	1722 3RD ST, APT 'B'	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Maxie B. Hunter* / **MAXIE HUNTER** 4/27/97 (940) 291-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054678

CR2E037 (9/96)