


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # 769973 (9) 1. Corporation Name WESLEY CHAPEL FREE METHODIST CHURCH, INC.																																																																																																																																																			
Principal Place of Business 318 KINGS RD NO. P.O. BOX 67 HILLIARD FL 32046		Mailing Address 318 KINGS RD NO. P.O. BOX 67 HILLIARD FL 32046-0067																																																																																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																																																																																	
3. Date Incorporated or Qualified 08/24/1983		3a. Date of Last Report 03/08/1996																																																																																																																																																	
4. FEI Number 59-2365354		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																																																																																																																																																	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																			
9. Name and Address of Current Registered Agent HOLLEY, SONIA A. 318 KINGS RD. N. HILLIARD FL 32046		10. Name and Address of New Registered Agent 81 Name Tolley, Eunice F. 82 Street Address (P.O. Box Number is Not Acceptable) 83 606 Henery Smith Rd 84 City Hilliard FL 85 Zip Code 32046																																																																																																																																																	
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 Eunice F. Tolley - Measure 3/4/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																			
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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: Eunice F. Tolley Eunice F. Tolley 1/15/97 845-4100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000021</small>																																																																																																																																																			

CR2E037 (9/96)