FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **831747** **(1)**

1. Corporation Name

UNITED METHODIST CHILDREN'S HOME

Principal Place of Business	Mailing Address
1712 BROAD STREET P.O. BOX 859 SELMA AL 36702-7859	1712 BROAD STREET P.O. BOX 859 SELMA AL 36702-7859

3. Date Incorporated or Qualified: **01/30/1974**
3a. Date of Last Report: **03/07/1995**

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

4. FEI Number: **63-0302145** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEVANEY, NANCY M.
2824 DESERT STREET
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000017420TC
03/14/96--01027-032
***61.25

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	P	☐ DELETE	1.1 TITLE	P-D	☒ Change ☐ Addition
NAME	CHANCE, WILLIAM H.		1.2 NAME		
STREET ADDRESS	206 SUNSET DRIVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONROEVILLE AL		1.4 CITY-ST-ZIP		
TITLE	FVP	☐ DELETE	2.1 TITLE	FVP-D	☒ Change ☐ Addition
NAME	BREWER, JARVIS L.		2.2 NAME		
STREET ADDRESS	P.O. BOX 237, N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROGERSVILLE AL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	VP-D	☒ Change ☐ Addition
NAME	BOWERS, SALLIE CLARK		3.2 NAME		
STREET ADDRESS	1310 SPRING VALLEY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SYLACAUGA AL 35150		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S-D	☒ Change ☐ Addition
NAME	CARTER, MARY ELIZABETH		4.2 NAME		
STREET ADDRESS	595 UPPER KINGSTON ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PRATTVILLE AL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	T-T	☒ Change ☐ Addition
NAME	BURSON, BRUCE B		5.2 NAME		
STREET ADDRESS	44 LAMAR AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SELMA AL		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, ROY		6.2 NAME		
STREET ADDRESS	1712 BROAD STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SELMA AL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

PS 3/13/96

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: Roy M. Laughlin 1/30/96 (334) 875-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #