SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 10 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/30/1974	03/13/1996

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

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: JUDY MURPHY
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: Judy Murphy, Regional Director (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 9-4-97

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	CHANCE, WILLIAM H.	
STREET ADDRESS	206 SUNSET DRIVE.	
CITY-ST-ZIP	MONROEVILLE AL	
TITLE	FVPD	☒ DELETE
NAME	BREWER, JARVIS L.	
STREET ADDRESS	P.O. BOX 237, N/A	
CITY-ST-ZIP	ROGERSVILLE AL	
TITLE	VPD	☒ DELETE
NAME	BOWERS, SALLIE CLARK	
STREET ADDRESS	1310 SPRING VALLEY RD	
CITY-ST-ZIP	SYLACAUGA AL 35150	
TITLE	SD	☒ DELETE
NAME	CARTER, MARY ELIZABETH	
STREET ADDRESS	595 UPPER KINGSTON ROAD	
CITY-ST-ZIP	PRATTVILLE AL	
TITLE	TT	☐ DELETE
NAME	BURSON, BRUCE B	
STREET ADDRESS	44 LAMAR AVENUE	
CITY-ST-ZIP	SELMA AL	
TITLE	ED	☐ DELETE
NAME	MCLAUGHLIN, ROY	
STREET ADDRESS	1712 BROAD STREET	
CITY-ST-ZIP	SELMA AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	BATSON, RICHARD T.	
1.3 STREET ADDRESS	169 CAHABA VALLEY PKWY.	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35124	
2.1 TITLE	FVPD	☒ Change ☐ Addition
2.2 NAME	BOWERS, SALLY CLARK	
2.3 STREET ADDRESS	1310 SPRING VALLEY ROAD	
2.4 CITY-ST-ZIP	SYLACAUGA, AL 35150	
3.1 TITLE	VPD	☐ Change ☒ Addition
3.2 NAME	LAWSON, NORA	
3.3 STREET ADDRESS	142 ELM DRIVE	
3.4 CITY-ST-ZIP	MONTGOMERY, AL 36117	
4.1 TITLE	SD	☐ Change ☒ Addition
4.2 NAME	MIXSON, IMOGENE	
4.3 STREET ADDRESS	P.O. BOX 156 N/A	
4.4 CITY-ST-ZIP	OZARK, AL 36361	
5.1 TITLE	BUSINESS MANAGER	☐ Change ☒ Addition
5.2 NAME	MOORE, LINDA	
5.3 STREET ADDRESS	4440 River Rd. P.O. BOX 859	
5.4 CITY-ST-ZIP	SELMA, AL 36701	
6.1 TITLE		☐ Change ☐ 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.

CR2E037 (4/97)