FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



HI ORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

831747

(1)

UNITED METHODIST CHILDREN'S HOME

Principal Place	e of Business	Mailing Address			T TOO IN TOTAL TITLE FLESS HORE WENT TEND DIST	in whose divise asset block of the foot
1712 BROAD STREET		1712 BROAD STREET		3. Date Incorporated or Qualified		
P.O. BOX 859		P.O. BOX 859		01/30/1974		
SELMA AL 36702-7859		SELMA AL 36702-7859			4. FEI Number	Applied For
L					63-0302145	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address				\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt	#, etc	Suite, Apt. ₩, etc.			6. Election Campaign Financing	\$5.00 May Be
22	-	27			Trust Fund Contribution	Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeow	
23 Zip	Country	28] Zip	Coun	Inv	☐ Yes	
24	25]	29	30	ıı y	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curren		1301		10. Name and Address of New Register	
	· · · · · · · ·	<u> </u>		1 Name		
MURPHY	r. Judy			Street Ad	delegas (D.O. Day N. makes in Net Assessable)	
2824 DESERT STREET			5	Street At	ddress (P.O. Box Number is Not Acceptable)	
I .	OLA FL 32504		16	13		
			-	4 City		Jac Zin Onda
			· ·		F	Zip Code
Onice or re	o the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligi	or Florida, Such change was	authorized	by the corpo	orporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
	Styrichen, typed or printed ranningly registered ago			gent signature re	equired when reinstating) DATI	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD BATEON BICHARD T	L DELETE	1.1 TITU			Change Addition
NAME DIRECT ADDRESS	BATSON, RICHARD T 169 CAHABA VALLEY PKWY		1.2 NAM			
STREET ADDRESS CITY+ST-ZIP	BIRMINGHAM AL			ET ADDRESS		
TITLE	FVPD	DELETE	2.1 Till (-ST-ZIP		Change Addition
NAME	BOWERS, SALLY CLARK					Change Addition
STREET ADDRESS	1310 SPRING VALLEY RD			ET ADDRESS		
CITY - ST - ZIP	SYLACAUCA AL			(-SI-ZIP		
TITLE	VPD	DELFTE	317171			Change Addition
NAME	LAWSON, NORA		3 2 NAM			
STREET ADDRESS	142 ELM DR		3 3 STHE	ET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		3.4. CITY	-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE			Change Addition
NAME	MIXSON, IMOGENE		4. 2 NAN	16.		
STREET ADDRESS	P O BOX 156 N/A		4.3 STRE	FT ADDRESS		
C(TY-ST-ZIP	OZARK AL		4.4 C(TY	-ST-2#P		
TITLE	Π	DELETE	5 1 TITLE			Change Addition
NAME	BURSON, BRUCE B		5.2 NAM	E		
STREET ADDRESS	44 LAMAR AVENUE		53STRE	E1 ADDRESS		ľ
CITY - ST - ZIP	SELMA AL		5.4 CITY			
TITLE	ED	DELETE	6171716			☐ Change ☐ Addition
NAME	MCLAUGHLIN, ROY		62 NAM			
STREET ADDRESS	1712 BROAD STREET			ET ADDRESS		
CITY-ST-ZIP	SELMA AL		6.4 City	- S1 - ZiP		•

14. Thereby 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 additions.

SIGNATURE:

(328875-7283

FILED

Feb 13 1998 8:00am

Secretary of State