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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831747

1. Corporation Name

UNITED METHODIST CHILDREN'S HOME

Principal Place of Business

1712 BROAD STREET
P.O. BOX 859
SELMA AL 36702-7859

Mailing Address

1712 BROAD STREET
P.O. BOX 859
SELMA AL 36702-7859

94893 90069 1 3



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/30/1974

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

9. Name and Address of Current Registered Agent

MURPHY, JUDY
2824 DESERT STREET
PENSACOLA FL 32504

Same name

10. Name and Address of New Registered Agent

81

Name **UMCH GULF COAST GROUP HOME**

82

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

3441 CAMELOT PLACE

83

84

City

MILTON

FL

85

Zip Code

32583

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BATSON, RICHARD T**
CITY-ST-ZIP **169 CAHABA VALLEY PKWY**
BIRMINGHAM AL

TITLE ☐ DELETE
NAME **FVPD**
STREET ADDRESS **BOWERS, SALLY CLARK**
CITY-ST-ZIP **1310 SPRING VALLEY RD**
SYLACAUCA AL

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **LAWSON, NORA**
CITY-ST-ZIP **142 ELM DR**
MONTGOMERY AL

TITLE ☐ DELETE
NAME **SO**
STREET ADDRESS **MIXSON, IMOGENE**
CITY-ST-ZIP **P O BOX 156 N/A**
OZARK AL

TITLE ☐ DELETE
NAME **TT**
STREET ADDRESS **BURSON, BRUCE B**
CITY-ST-ZIP **44 LAMAR AVENUE**
SELMA AL

TITLE ☐ DELETE
NAME **ED**
STREET ADDRESS **MCLAUGHLIN, ROY**
CITY-ST-ZIP **1712 BROAD STREET**
SELMA AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)