FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

(9 (6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

STREET ADDRESS

831924

(6)

Mailing Address

PRIMITIVE METHODIST CHURCH IN THE UNITED STATES OF AMERICA

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1045 LAUREL RUN RD. 1045 LAUREL RUN RD. WILKES-BARRE PA 18702-9709 WILKES-BARRE PA 18702-9709 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1996 03/01/1974 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 23-6447633 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 20 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name SARGENT, REV. JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 931 30TH ST. NW 83 WINTER HAVEN FL 33881 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change DELETE TITLE 1.1 TITLE MARTIN, REV. EUGENE 1.2 NAME NAME 503 GRANT ST. 1.3 STREET ADDRESS STREET ADDRESS **NEWTOWN PA 18940** 1.4 CITY - ST - ZIP City-St-ZiP DELETE Change Addition 2.1 TITLE TITLE MASARTIS, REV. A RUSSELL NAME **BOX 345** 23 STREET ADDRESS STREET ADORESS **BENTON WI 53803** 2.4 CITY+ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE THOMAS, REV. REGINALD 32 NAME NAME 110 PITTSTON BLVD. 3.3 STREET ADDRESS STREET ADDRESS **WILKES-BARRE PA 18702** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE BALDWIN, MR. RAYMOND 4. 2 NAME NAME 11012 LANGSTON ARMS CRT. 4.3 STREET ADDRESS STREET ADDRESS OAKTON VA 22124 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE YARNALL, REV. WAYNE 5.2 NAME NAME 1045 LAUREL RUN RD. 5.3 STREET ADDRESS STREET ADDRESS WILKES-BARRE PA 18702 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

SIGNATURE: R. R. 71× 828 3425

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