FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 831924

(6)

PRIMITIVE METHODIST CHURCH IN THE UNITED STATES OF AMERICA

PRIMITIVE METHODIST CHURCOF AMERICA	CH IN THE UNITED STATES				
Principal Place of Business	Mailing Address				
1045 LAUREL RUN RD. WILKES-BARRE PA 18702-9709	1045 LAUREL RUN RD. WILKES-BARRE PA 18702-9709	3. Date Incorporated or Qualified 03/01/1974			
		4. FEI Number 23-6447633 Applied For Not Applicable			
2. Principal Place of Business 21	2e. Mailing Address 28 1045 LAUREL RUN ROA	SR.75 Additional			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Election Campaign Financing Trust Fund Contribution Added to Fees			
City & State	City & State 26 WILKES-BARRE, PA.	7. Is this nonprofit corporation a homeowners association?			
Zip Country	Zip Country 29 18702 - 9709 30 USA	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		10. Name and Address of New Registered Agent			
SARGENT, REV. JOHN 931 30TH ST. NW WINTER HAVEN FL 33881		Address (P.O. Box Number is Not Acceptable)			

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.

R4

City

SIGNATURE _							
	Signature, typed or printed name of registered agent and title if			agistered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP	K XDELETE	1.1 TITLE D	PRESIDENT	XX Change	Addition	
NAME	Martin, Rev. Eugene		1.2 NAME	REV. A. RUSSELL MASAR	TIS		
STREET ADDRESS	503 GRANT ST.		1.3 STREET ADDRESS	BOX # 345			
CITY-S1-ZIP	NEWTOWN PA 18940		1.4 CITY-ST-ZIP	BENTON WI 53803-03	45		
TITLE	VP	XXDELETE	2.1 TITLE D	VICE PRESIDENT	XX Change	Addition	
NAME	Masartis, Rev. A Russell		2.2 NAME	REV. JAMES G. JOHNSON			
STREET ADDRESS	BOX 345		2.3 STREET ADDRESS	516 JACKSON STREET			
CITY-ST-ZIP	BENTON WI 53803		2.4 CITY-ST-ZIP	DICKSON CITY PA. 185	19-1435		
TITLE	8	XXDELETE	3.1 TITLE D	GENERAL SECRETARY	XX Change	☐ Addition	
NAME	THOMAS, REV. REGINALD		3.2 NAME	REV. DAVID ALLEN, JR.			
STREET ADDRESS	110 PITTSTON BLVD.		3.3 STREET ADDRESS	1199LAWRENCE STRÉET			
CITY-ST-ZIP	WILKES-BARRE PA		3.4. CITY-ST-ZIP	LOWELL, MA. 01852-552	6		
TITLE D	7	☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME	Baldwin, Mr. Raymond		4. 2 NAME				
STREET ADDRESS	11012 LANGSTON ARMS CRT.		4.3 STREET ADDRESS				
CITY-ST-ZIP	OAKTON VA 22124		4.4 CITY-ST-ZIP				
TITLE D	ED	☐ DELE1E	5.1 TITLE		Change	Addition	
NAME	Yarnall, Rev. Wayne		5.2 NAME				
STREET ADDRESS	1045 LAUREL RUN RD.		5.3 STREET ADDRESS	l			
CITY-ST-ZIP	WILKES-BARRE PA 18702		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6,2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	1			
CITY, ST. 7IP			64 City_St_7/P				

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 12 or Block 12 or Or Block 12 or Block

FILED

Mar 11 1998 8:00am

Secretary of State

Zip Code