

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90030 012 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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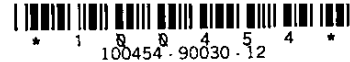
**DOCUMENT # 831924**

1. Corporation Name

**PRIMITIVE METHODIST CHURCH IN THE UNITED STATES OF AMERICA**

Principal Place of Business  
1045 LAUREL RUN RD.  
WILKES-BARRE PA 18702-9709

Mailing Address  
1045 LAUREL RUN ROAD  
WILKES-BARRE PA 18702-9709  
US



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>03/01/1974</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>23-6447633</b>
22 City & State	27 City & State	Applied For <input checked="" type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	30	

9. Name and Address of Current Registered Agent

**SARGENT, REV. JOHN**  
931 30TH ST. NW  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASARTIS, REV A RUSSELL	1.2 NAME	REV. WAYNE YARNALL
STREET ADDRESS	BOX 345	1.3 STREET ADDRESS	1045 LAUREL RUN RD.
CITY-ST-ZIP	BENTON WI 53803	1.4 CITY-ST-ZIP	WILKES-BARRE, PA. 18702-9709
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, REV JAMES G	2.2 NAME	REV. KERRY R. RITTS
STREET ADDRESS	516 JACKSON ST	2.3 STREET ADDRESS	723 PRESTON LANE
CITY-ST-ZIP	DICKSON CITY PA 18519	2.4 CITY-ST-ZIP	HATBORO, PA. 19040-2321
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, REV DAVID JR	3.2 NAME	
STREET ADDRESS	1199 LAWRENCE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOWELL MA 01852	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	DED <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARNALL, REV. WAYNE	5.2 NAME	
STREET ADDRESS	1045 LAUREL RUN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILKES-BARRE PA 18702	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

David S. Allen

1-14-1999

978-453-2052

Date

Daytime Phone #

CR2E037 (11/98)