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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO2000009303

1. Corporation Name
**THE FIRST METHODIST CHURCH OF PLANT CITY, FLORID
A**

Principal Place of Business

303 N EVERS ST
PLANT CITY FL 33566

Mailing Address

303 N EVERS ST
PLANT CITY FL 33566-3333

3. Date Incorporated or Qualified **03/07/1994** 3a. Date of Last Report **01/30/1996**

4. FEI Number **59-0725541** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc

2a. Mailing Address

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

TRINKLE, ROBERT S
121 N COLLINS ST
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KIRKWOOD, KEVIN**
STREET ADDRESS **1001 N ROUX STREET**
CITY - ST - ZIP **PLANT CITY FL 33566**

TITLE ☐ DELETE
NAME **D HOBBS, JULIUS**
STREET ADDRESS **2602 DORENE DRIVE**
CITY - ST - ZIP **PLANT CITY FL 33566**

TITLE ☒ DELETE
NAME **DC COMER, GORDON**
STREET ADDRESS **EL SHADDAI RD**
CITY - ST - ZIP **DOVER FL**

TITLE ☒ DELETE
NAME **D HAYNSWORTH, CAROLYN**
STREET ADDRESS **5303 HAYNSWORTH DR**
CITY - ST - ZIP **PLANT CITY FL**

TITLE ☒ DELETE
NAME **D AULABAUGH, PAUL**
STREET ADDRESS **11814 SAND HILL RD**
CITY - ST - ZIP **THONOTOSASSA FL**

TITLE ☐ DELETE
NAME **DC WOOTEN, PERRY**
STREET ADDRESS **1909 CARRIAGE CT**
CITY - ST - ZIP **PLANT CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D SHARP, KAY**
1.3 STREET ADDRESS **1007 W. MORSE STREET**
1.4 CITY - ST - ZIP **PLANT CITY, FL 33566**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D BUTCHER, DAVID**
2.3 STREET ADDRESS **808 SYLVAN LANE**
2.4 CITY - ST - ZIP **PLANT CITY, FL 33566**

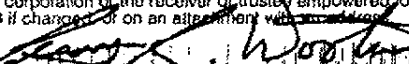
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D HARRIS, DON**
3.3 STREET ADDRESS **2407 CLUBHOUSE DRIVE**
3.4 CITY - ST - ZIP **PLANT CITY, FL 33567**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **0000009422350**
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 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 appears in Block 12 or Block 13 if changed or on an attachment with my signature.

SIGNATURE: **X**  **Perry R. Wooten** 1/28/97 813/754-7566

CP2E037 (9/96)