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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>NO20000009363</u> 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent TRINKLE, ROBERT S 121 N COLLINS ST PLANT CITY FL 33566	
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3. Date Incorporated or Qualified 03/07/1994	
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 retaking) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKWOOD, KEVIN 1001 N ROUX STREET PLANT CITY FL 33566 ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, JULIUS 2802 DORENE DRIVE PLANT CITY FL 33566 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, KAY 1007 W. MORSE STREET PLANT CITY FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, DAVID 808 SYLVAN LANE PLANT CITY FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DON 2407 CLUBHOUSE DRIVE PLANT CITY FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, PERRY 1909 CARRIAGE CT PLANT CITY FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D SANDI NORMAN 3504 OAK CLUB COURT PLANT CITY, FL 33567 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GEORGE ARCEMENT 3208 ALCOTT AVENUE PLANT CITY, FL 33567 ☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D GEORGE ARCEMENT 3208 ALCOTT AVENUE PLANT CITY, FL 33567 ☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D GEORGE ARCEMENT 3208 ALCOTT AVENUE PLANT CITY, FL 33567 ☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D GEORGE ARCEMENT 3208 ALCOTT AVENUE PLANT CITY, FL 33567 ☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D GEORGE ARCEMENT 3208 ALCOTT AVENUE PLANT CITY, FL 33567 ☐ Change ☐ Addition

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.

SIGNATURE _____ 1/15/98

CF2E037 (10/97)