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Aug 07 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 # N08774
 1. Corporation Name
UNITED METHODIST CHURCH OF PARRISH, INC.

Principal Place of Business 12180 US Hwy 301 P.O. Box 375 Parrish, FL 34219	Mailing Address 12140 69th Street E. P.O. Box 375 Parrish, FL 34219
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	29 Country	30
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3. Date Incorporated or Qualified 04/18/1985	3a. Date of Last Report 03/07/1996
4. FEI Number 59-2384853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 WOLF, JOSEPH
 3320 DENISE DR.
 ELLENTON, FL 34222

10. Name and Address of New Registered Agent
 81 Name: Mr. Jerry Dakin Chair, Trustees Board
 82 Street Address (P.O. Box Number is Not Acceptable): 13115 65th St. E.
 83
 84 City: Parrish FL 85 Zip Code: 34219

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]* Jerry Dakin July 8, 1997
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	CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CT Trustee Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLF, JOSEPH	1.2 NAME	Jerry Dakin
STREET ADDRESS	3320 DENISE DR	1.3 STREET ADDRESS	13115 65th Street E.
CITY-ST-ZIP	ELLENTON FL	1.4 CITY-ST-ZIP	Parrish, FL 34219
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, RON	2.2 NAME	Robert Juday Trustee
STREET ADDRESS	7001 121ST AVE E	2.3 STREET ADDRESS	1131 D Carlton Arms Blvd.
CITY-ST-ZIP	PARRISH FL	2.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, BOBBE	3.2 NAME	John Davidson Trustee
STREET ADDRESS	5916 MAJESTIC WAY	3.3 STREET ADDRESS	3108 107th Street E.
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOWAN, PEG	4.2 NAME	Melva McCall Trustee
STREET ADDRESS	3011 92ND AVENUE E	4.3 STREET ADDRESS	6917 121st Street E.
CITY-ST-ZIP	PARRISH FL	4.4 CITY-ST-ZIP	Parrish, FL 34219
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, CHARLES	5.2 NAME	Gary Hornsby Trustee
STREET ADDRESS	PO BOX 174	5.3 STREET ADDRESS	2908 Country River Dr.
CITY-ST-ZIP	PARRISH FL	5.4 CITY-ST-ZIP	Parrish, FL 34219
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, CAROLYN	6.2 NAME	Robert Ransford Trustee
STREET ADDRESS	PO BOX 190	6.3 STREET ADDRESS	9927 Cape Haze Circle
CITY-ST-ZIP	PARRISH FL	6.4 CITY-ST-ZIP	Parrish, FL 34219

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 an address.

SIGNATURE: *[Signature]* Jerry Dakin July 8, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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