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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23119 (3)

1. Corporation Name
ROCKY SPRINGS UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
C/O G.F. RYKARD, JR.
RT. 3 BOX 2020
MADISON FL 32340

3. Date Incorporated or Qualified 10/22/1987
3a. Date of Last Report 02/14/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number NOT APPLICABLE 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RYKARD, G.F., JR.
RT. 3, BOX 2020
MADISON FL 32340

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: *G.F. Rykard, Jr.* no change 1-6-97
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	1.1 TITLE	
NAME	RYKARD, G.F., JR.	1.2 NAME	
STREET ADDRESS	RT. 3 BOX 2020	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	DAVIS, W. EUGENE	2.2 NAME	
STREET ADDRESS	RT. 4 BOX 1575	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	WILLIS, IDA	3.2 NAME	
STREET ADDRESS	RT 3 BOX 88	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WILLIS, LUNTON	4.2 NAME	
STREET ADDRESS	RT. 33 BOX 88	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address.

SIGNATURE: *G.F. Rykard, Jr.* 1-6-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)