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Jun 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23119

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

Principal Place of Business C/O G.F. RYKARD, JR. RT. 3 BOX 2020 MADISON FL 32340	Mailing Address C/O G.F. RYKARD, JR. RT. 3 BOX 2020 MADISON FL 32340
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYKARD, G.F., JR.	
STREET ADDRESS	RT. 3 BOX 2020	
CITY-ST-ZIP	MADISON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, W. EUGENE	
STREET ADDRESS	RT. 4 BOX 1575	
CITY-ST-ZIP	MADISON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIS, IDA	
STREET ADDRESS	RT 3 BOX 88	
CITY-ST-ZIP	MADISON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIS, LINTON	
STREET ADDRESS	RT. 33 BOX 88	
CITY-ST-ZIP	MADISON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: D. F. Rykard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 24 June 1999 Daytime Phone #: 973 6804

CR2E037 (11/98)