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Feb 25 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 # N24580 (5)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF BROOKSVILLE, IN C.



Principal Place of Business

Mailing Address

109 SOUTH BROAD STREET
BROOKSVILLE FL 34801-2831

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BROOKSVILLE FL 34801-2831

3. Date Incorporated or Qualified
01/29/1988

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1009938

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSTON, JOSEPH E., JR.
29 S. BROOKSVILLE AVENUE
BROOKSVILLE FL 34801

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC DELETE
NAME BROWNING, HENRY
STREET ADDRESS 518 SHARON ST.
CITY-ST-ZIP BROOKSVILLE FL

1.1 TITLE PC Change Addition
1.2 NAME Robert J.J. Rogers
1.3 STREET ADDRESS 516 N. Howell Ave.
1.4 CITY-ST-ZIP Brooksville, FL. 34601

TITLE STR DELETE
NAME ROGERS, ROBERT
STREET ADDRESS 516 N. HOWELL AVE.
CITY-ST-ZIP BROOKSVILLE FL

2.1 TITLE S Change Addition
2.2 NAME Margaret McCarter
2.3 STREET ADDRESS 14240 Centralia Rd.
2.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE T DELETE
NAME LUEBBE, J.W.
STREET ADDRESS 6015 FOREST CREEK DR.
CITY-ST-ZIP BROOKSVILLE FL

3.1 TITLE TR Change Addition
3.2 NAME Seward L. Farnham
3.3 STREET ADDRESS 2829 Kingswood Circle
3.4 CITY-ST-ZIP Brooksville, FL 34609

TITLE TR DELETE
NAME VANLERAH, LAWRENCE
STREET ADDRESS 1254 CANDLELIGHT BLVD.
CITY-ST-ZIP BROOKSVILLE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TR DELETE
NAME SCARBOROUGH, PATRICIA
STREET ADDRESS 280 SUNSET DR
CITY-ST-ZIP BROOKSVILLE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T DELETE
NAME SHORTER, SANDRA
STREET ADDRESS 407 COOGLER
CITY-ST-ZIP BROOKSVILLE FL

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, unchanged, or on an attachment with an address.

SIGNATURE:

Robert J.J. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J.J. Rogers 2/6/97

799-3545

CR2E037 (9/96)