


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24580 (5)
 1. Corporation Name
FIRST UNITED METHODIST CHURCH OF BROOKSVILLE, IN C.



Principal Place of Business 109 SOUTH BROAD STREET BROOKSVILLE FL 34601-2831	Mailing Address 109 SOUTH BROAD STREET BROOKSVILLE FL 34601-2831
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3. Date Incorporated or Qualified 01/29/1988		
4. FEI Number 59-1009938	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**JOHNSTON, JOSEPH E., JR.
29 S. BROOKSVILLE AVENUE
BROOKSVILLE FL 34601**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC ROGERS, ROBERT J.J. 516 N. HOWELL AVE. BROOKSVILLE FL	<input type="checkbox"/> DELETE
TITLE	S MCCARTER, MARGARET 14240 CENTRALIA RD. BROOKSVILLE FL	<input type="checkbox"/> DELETE
TITLE	TR FARNHAM, SEWARD L. 2829 KINGSWOOD CIRCLE BROOKSVILLE FL	<input type="checkbox"/> DELETE
TITLE	TR VANLERAH, LAWRENCE 1254 CANDLELIGHT BLVD. BROOKSVILLE FL	<input checked="" type="checkbox"/> DELETE
TITLE	T SHORTER, SANDRA 407 COOGLER BROOKSVILLE FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE

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	V McCarter, Margaret 14240 Centralia Rd. Brooksville, FL	<input checked="" 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	TR Luehl, William 10417 Joyce Dr. Brooksville, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S Shorter, Sandra 407 Coogler Brooksville, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T Wisembaker, Steve 17470 Fort Dade Brooksville, FL	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *Sandra Shorter* 2-4-98

CR2E037 (10/97)