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 Mar 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

DOCUMENT # N25298 (3)

1. Corporation Name

HANSON UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

P.O. BOX 513
 MADISON FL 32341

P.O. BOX 513
 MADISON FL 32341-0513

3. Date Incorporated or Qualified
 03/09/1988

3a. Date of Last Report
 03/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
 NOT APPLICABLE

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

PULLIAM, JIM, JR
 RT 2 BOX 545
 MADISON FL 32340

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 CT DELETE
 NAME SOBOL, WILLIAM
 STREET ADDRESS RT. 2 BOX 2670
 CITY-ST-ZIP MADISON FL

1.1 TITLE CT Change Addition
 1.2 NAME NEWBERRY, FLORENCE
 1.3 STREET ADDRESS RR 2 BOX 498
 1.4 CITY-ST-ZIP MADISON, FL

TITLE T DELETE
 NAME WARNER, RONNLINGS (SP)
 STREET ADDRESS RT 2 BOX 275
 CITY-ST-ZIP MADISON FL

2.1 TITLE T Change Addition
 2.2 NAME ANDERSON, MARION
 2.3 STREET ADDRESS RR2 BOX 497
 2.4 CITY-ST-ZIP MADISON, FL

TITLE T DELETE
 NAME NEWBERRY, FLORENCE
 STREET ADDRESS RT 2 BOX 498
 CITY-ST-ZIP MADISON FL

3.1 TITLE T Change Addition
 3.2 NAME ROLLINGS, WARNER
 3.3 STREET ADDRESS RR2 BOX 275
 3.4 CITY-ST-ZIP MADISON, FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE T Archie Strickland
 4.2 NAME RT 2 Box 526
 4.3 STREET ADDRESS MADISON, FL 32340
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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 if changed, or on an attachment with an address.

SIGNATURE: Archie Strickland 3-1-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE # 0000000

CR2E037 (9/96)