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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25298

1. Corporation Name
HANSON UNITED METHODIST CHURCH, INC.

Principal Place of Business
 P.O. BOX 513
 MADISON FL 32341

Mailing Address
 P.O. BOX 513
 MADISON FL 32341



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	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				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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINGS, WARNER	1.2 NAME	Strickland, Elbert
STREET ADDRESS	RT W BOX 275	1.3 STREET ADDRESS	Rt. 2 Box 524
CITY-ST-ZIP	MADISON FL 32340	1.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, FLORENCE	2.2 NAME	Pulliam, James C
STREET ADDRESS	RT 2 BOX 498	2.3 STREET ADDRESS	Rt. 2 Box 542
CITY-ST-ZIP	MADISON FL 32340	2.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, ROLLINGS	3.2 NAME	Littleton, William
STREET ADDRESS	RR. 2, BOX 275	3.3 STREET ADDRESS	Rt. 2 Box 475
CITY-ST-ZIP	MADISON FL	3.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, ARCHIE	4.2 NAME	Strickland, Archie
STREET ADDRESS	RT. 2, BOX 526	4.3 STREET ADDRESS	Rt. 2 Box 526
CITY-ST-ZIP	MADISON FL	4.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] **SIGNATURE REQUIRED** 4/29/99 850-973-3358
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)