FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N31523

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TALE.	AUNDOEE.	neiunio	UNITED	METHUDIST	UNUNUA.	INL

·	NASSEE REIGHTS UNITED	WEI HOUIST CHUNCE	1, INC						
Principal Place of Business Mailing Address							O TANI BIĞILI BIĞIL Ö		
3004 Mahan DR Tallahassee FL 32308-5506		3004 MAHAN DR TALLAHASSEE FL 32308-5506							
						3. Date Incorporated or Qualified 04/04/1989	3a. Date o	of Last 5/16/1	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-1821518	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution			O May Be d to Fees		
Zip Country 25		Zıp	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Vo				
	9. Name and Address of Curren		1991			10. Name and Address of New R			
,				81	Name				
COLE, 1			}	82	Street Add	iress (P.O. Box Number is Not Acceptab	e)		
3004 MAHAN DR TALLAHASSEE FL 32309				83					
				84	City		FL	85 Zip	p Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Sect	da. Such change was authorize	s, the abord by the c	ve-na orpoi	amed corpo ration's boa	ration submits this statement for the purport of directors. I hereby accept the appo	pose of changi	ing its registered	egistered office agent. I am
SIGNATURE									
12.	Signature, typed or printed name of registered agent OFFICERS ANI			Agent :	signature require	ed when reinstating)	DATE	ENE CATO	VEC 15. 10
TITLE	TC OFFICERS AND	DELETE	13. 11 Jil	1 5		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	JANES, DONALD	Doccere	1.2 NA				₽,	mange	□ vagition
STREET ADDRESS	3313 WILDWOOD TRAIL		1		DDDCCC				
			4		DDRESS				
CITY-ST-ZIP TITLE	TALLAHASSEE FL 32312	DELETE	2.1 Til	Y-51-	· ZIP			Change	Addition
NAME	PAYNE, MICHAEL	*	2 2 NA				Ж-,	mungo	
STREET ADDRESS	3256 WHITNEY DR EAST				DDRESS	Nye, Dennis			
	TALLAHASSEE FL					5503 Touraine	308		
CITY-ST-ZIP TITLE	T T	DELETE	2. 4 CI 3.1 Til		·ZIP	Tallahassee, Fl ³²		Change	Addition
NAME	BIZZELL, DON		3 2 NA				٠, ٢٦	zilango	
STREET ADDRESS	2010 LEE AVE.				DDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4. CI						
TITLE	T	™ DELETE	4.1 TH		- 211		<u> </u>	Change	☐ Addition
NAME	COLE, PAUL		4.2 N			Hommings Betti	W		
STREET ADDRESS	RT. 1 BOX 50-C				DDRESS	Harrison, Patti 5333 High Colony Dri	***		
CITY-ST-ZIP	TALLAHASSEE FL 32312			IY-ST-		Tallahassee , F1	32311		
TITLE	T	DELETE	5.1 To					Change	Addition
NAME	HENKEL, APRIL		5.2 NA	ME			_	•	_
STREET ADDRESS	2443 POTTS RD.				DDRES\$				
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CI						
TITLE	T	DELETE	6.1 Til					Change	Addition
NAME	MATHEWS, EMILY	_	6.2 NA	ME			_	•	-
STREET ADDRESS	2101 TED HINES DR				DORESS				
CITY-ST-ZIP	TALL FL 32308		6.4 CII						
		with this filing is voluntarily furnis				for the exemption stated in Section 119.	07(3)(k), Florida	Statut	es. I further

•• Too hereby certify that the information supplied with this liling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)fk). 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:

Dorald C. Your President
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DO NAME C. TANKS

5/8/46 Date 487-9327 Daytime Phone • 3R2E037 (12/95)