SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N37334

FIRST UNITED METHODIST CHURCH OF FORT WALTON BEA CH. FLORIDA EMERGENCY SHELTER FAMILY HOME, INC.

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Principal Place of Business Mailing Address									1 18411101 084	14114 1560 1140	HPH			11 91911 1891
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Principal F	Place of Busin	ness	2a. Malli	ng Address							$\neg \neg$	\$8.		
			26					j 5.	. Certificate of S	tatus Desired	Ш			
				Suite, Apt. #, etc.				6.	6. Election Campaign Financing \$5.00 May Be					
City & State									Trust Fund Contribution Added to Fees					
23				- '				7.	7. Is this nonprofit corporation a homeowners association?					
Zip Country							-	This company				!4		
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						81	Name		V					
WILLIAMS, SARAH P						82 Street Addr			P.O. Box Number	r le Not Accent	table)			
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office or registered agent, or both, in the State of Florida. Such change agent or or of directors. I hereby accept the appointment as registered														ered ered
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SNATUKE.	or printed name of registered	TE: Registere	ed Age	ent eignature	required who	en reinstating)		DATE						
		OFFICERS	AND DIRECTOR	S	13.				ADDITIONS/CH/	ANGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12
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	Principal F Sulte, Apt City & Sta Zip WILLIAMS 103 FIRS FORT WA Pursuant office or reagent, i as	Pursuant to the provisic office or registered age agent. I am familiar with SNATURE Directors S. S.E. Principal Place of Busines Suite, Apt. #, etc. City & State 2ip 9. Name WILLIAMS, SARAH P. 103 FIRST ST: FORT WALTON BEAU Signature, typed E D HULL, RO	Principal Place of Business Suite, Apt. #, etc. City & State Zip	Principal Place of Business 2a. Malling Principal Place of Business 2a. Malling 2a. Suite 2a. Suite 2a. Suite 2a. Suite 2b. Suite 2c.	Principal Place of Business 2a. Malling Address 26 Suite, Apt. #, etc. City & State City & State Zip Country Zip 29 9. Name and Address of Current Registered Agent WILLIAMS, SARAH P 103 FIRST ST: FORT WALTON BEACH FL 32548 Pursuant to the provisions of sections 617.0502 and 617.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes, office or registered agent and title if applicable. OFFICERS AND DIRECTORS E D HULL, ROLLO	Principal Place of Business 2a. Malling Address 26 Suite, Apt. #, etc. City & State City & State Zip Country Zip Country	Principal Place of Business 2a. Malling Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 25 29 30 Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the 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. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE 1.2 NAME 1.3 STREET,	Principal Place of Business 2a. Malling Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 28 Zip Country 29 30 9. Name and Address of Current Registered Agent WILLIAMS, SARAH P 103 FIRST ST: FORT WALTON BEACH FL 32548 Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named conoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpor agent, i am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SINATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE 1.2 NAME	AS FIRST S. S.E. I. WALTON BEACH FL 32548 Principal Place of Business 2a. Malling Address 25. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 7 Zip Country Zip Country Zip Country B1 Name WILLIAMS, SARAH P 103 FIRST ST: FORT WALTON BEACH FL 32548 Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's boagent, I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's boagent, I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SNATURE OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Susan Susan	3. Date Incorpora O3/29/198 3. FIRST S. S.E. 103 FIRST S. S.E. FT. WALTON BEACH FL 32548 4. FEI Number 59-304674 59-304674 59-304674 59-304674 50-	3. Date incorporated or Qualifie O3/29/1990 4. FEI Number 59-3046742 Principal Place of Business 2a. Mailling Address 2b. Sulte, Apt. #, etc. Sulte, Apt. #, etc. 27 City & State 7. Is this nonprofit corporation as Personal Property Tax due July 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent MILLIAMS, SARAH P 103 FIRST ST: FORT WALTON BEACH FL 32548 83 84 City Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept agent, i am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF ELECTORS EDUCET 1.1 TITLE D D Susan Marke1	3. Date incorporated or Qualified 03/29/1990 4. FEI Number 59-3046742 Principal Place of Business 2a. Malling Address 2bite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State 7. Is this nonprofit corporation a homeowner 2b Zip Country 2b 2c Name and Address of Current Registered Agent Name 82 Street Address (P.O. Box Number is Not Acceptable) But Address (P.O. Box Number is Not Acceptable) Pursuant to the provisions of sections 617.0502 and 617.1508, Floride Statutes, the above-named corporation submitts this statement for the purpose of chance 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 appoint agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SNATURE Signature, typed or privide rame of registered agent and tell of applicable (NOTE: Registered Agent signature required when reinitabling) OFFICERS AND DIRECTORS E D HULL-ROLLOT DELETE 1.1 TITLE D D 12 NAME Susan Marke1	3. Date incorporated or Qualified O3/29/1990 4. FEI Number 59-3046742 Principal Place of Business 2a. Mailing Address 2b. Sulte, Apt. #, etc. 2b. Sulte, Apt. #, etc. 2c. Su	3. Date incorporated or Qualified 03/29/1990 4. FEI Number 59-3046742 Principal Place of Business 2a. Malling Address 2bite, Apt. #, etc. Sulte, Apt. #, etc. 27 City & State City & State City & State City & State Country 28 29 30 Country 28 3. Date incorporated or Qualified 03/29/1990 4. FEI Number 59-3046742 Not Fee Req 6. Election Campaign Financing Trust Fund Contribution Added to f 7. Is this nonprofit corporation a homeowners association? Yes No Zip Country 28 29 30 Country 30 8. This corporation owes or has paid the current year intan Personal Property Tax due June 30. Yes Not Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 81 Name 82 Sireet Address (P.O. Box Number is Not Acceptable) Pursuant to the provisions of sections 517.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its regists office or registered egent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, section 617.0503, Fiorida Statutes. Bigneters, typed or printed reme of registered agent and this f applicable (NOTE: Registered Agent spinature required when reinstaling) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR EDUCATION Agent Marke 1

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: .

7-10-98 850-243-3519

FILED

Jul 16 1998 8:00am

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Secretary of State