

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

(2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

103 FIRST S. S.E.
FT. WALTON BEACH FL 32548

103 FIRST S. S.E.
FT. WALTON BEACH FL 32548

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, SARAH P
103 FIRST ST.
FORT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

03/29/1990

4. FEI Number

59-3046742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HULL, ROLLO
STREET ADDRESS 330-CHERRIE COURT
CITY-ST-ZIP FORT WALTON BEACH FL

TITLE D ☐ DELETE
NAME MOGEE, JOHN
STREET ADDRESS 135 PERRY AVE.
CITY-ST-ZIP FT. WALTON BCH FL 32548

TITLE PD ☐ DELETE
NAME THOMAS GORDON
STREET ADDRESS 731 FOREST SHORES DR.
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE V ☐ DELETE
NAME PETERSON, GLENNON
STREET ADDRESS 640 W. SUNSET BLVD.
CITY-ST-ZIP FT. WALTON BCH FL 32547

TITLE ST ☐ DELETE
NAME WILLIAMS, SARAH, NELL
STREET ADDRESS 108 OPP BLVD.
CITY-ST-ZIP FT. WALTON BCH FL 32548

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Susan Markel
1.3 STREET ADDRESS 1 Greenwood Circle
1.4 CITY-ST-ZIP Fort Walton Beach, FL 32548

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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:

Sarah P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-98 850-243-3519
Date Daytime Phone #

FILED
Jul 16 1998 8:00am
Secretary of State



CR2E037 (5/98)