

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).

FILED
 Aug 26 1998 8:00am
 Secretary of State

0001833

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43366** (6)
 1. Corporation Name
FIRST UNITED METHODIST CHURCH OF CHIEFLAND, INC.



Principal Place of Business BOX 1086 CHIEFLND FL 32626	Mailing Address BOX 1086 CHIEFLND FL 32626
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3. Date incorporated or Qualified
05/09/1991

4. FEI Number
59-2338375

Applied For
 Yes Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

**BEAUCHAMP, GREGORY V.
 107 E. PARK AVE.
 CHIEFLND FL 32626**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JIM	
STREET ADDRESS	RR 2 BOX 774-28 N/A	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLYATT, LEON	
STREET ADDRESS	11550 NW 10 AVE	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JESK, HERB	
STREET ADDRESS	10994 NW 72 CT	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, PAT	
STREET ADDRESS	1811 NE 134 ST	
CITY-ST-ZIP	TRENTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLLOCK, GENE	
STREET ADDRESS	107 SE 4TH STREET	
CITY-ST-ZIP	CHIEFLND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jesk, Herb
3.3 STREET ADDRESS	10994 NW 72 Ct
3.4 CITY-ST-ZIP	Chiefland, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beauchamp, Gregory V.
4.3 STREET ADDRESS	107 E. Park Ave.
4.4 CITY-ST-ZIP	Chiefland, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pollock, Gene
5.3 STREET ADDRESS	107 SE 4th St
5.4 CITY-ST-ZIP	Chiefland, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Colson, Kary
6.3 STREET ADDRESS	803 NE 4th St
6.4 CITY-ST-ZIP	Chiefland, FL

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: Herbert S. Davis 7/8/98 (352) 493-2842
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)