**FILE NOW: FILING FEE IS \$61.25** 

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N49159**

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF BOWLING GREEN,

Principal Place of Business

P.O. BOX 236

Mailing Address

4910 N. CHURCH ST BOWLING GREEN FL 33834

BOWLING GREEN FL 33834-0236

## **FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90086 027 \*\*\*\*61.25



03					Į.					
— ·	lace of Business	2a. Mailing Address				3. Date incorporated or Qualifed 06/01/1992		<u> </u>		
21 Suito Ant	# otc	Suite, Apt. #, etc.				4. FEI Number		Apr	lied For	
Suite, Apt.	#, etc.	27		•		59-1520571		<del> </del>	Applicable	
City & State	Δ	City & State						\$8.75 A		
23		28			- 1	5. Certifcate of Status Desired		Fee Rec		
Zip	Country	Country Zip Cou				6. Election Campaign Financing		\$5.00	May Be	
24	25	29 30	ה <sup>`</sup>			Trust Fund Contribution Added to Fees			*	
2	9. Name and Address of Current	<u>  - +                   </u>	<u> </u>		1	0. Name and Address of New I	Registered A	Agent		
	<del></del>		81	Name						
CRANFORD, JOE				82 Street Address (P.O. Box Number is Not Acceptable)						
RT. 1, BOX 230				2981 Troy Smith Road						
TROY SMITH ROAD										
BOWLING GREEN FL 33834								Tes   7:- 0		
BOWLING GREEN FL 53034				City	lino	ing Green FL 85 Zip Code 3388				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	e-named	corporat	tion submits this statement for the	purpose of	changing its	egistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth-	onzed by	the corpo	oration's	board of directors. I hereby acce	pt the appoir	ntment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re-	cistered Apel	nt signature r	required wh	en reinstating)	DATE			
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	PD DELETE		1.1 TITLE					Change	☐ Addition	
NAME	CRANFORD, JOE						_			
STREET ADDRESS RT. 1, BOX 230 , TROY SMITH RD.						1 Troy Smith Ro			ŀ	
CITY-ŞT-ZIP	DOWE INO ODEEN EL			1.4 CITY-ST-ZIP BO		ling Green, FL	33834			
TITLE	VD DELETE							Change	☐ Addition	
NAME	DURRANCE, DANNY		2.2 NAME							
STREET ADDRESS RT 1 BOX 117-G COLLEGE HILL RD			2.3 STREE	T ADORESS	306	7 College Hill	Road			
CITY-ST-ZIP BOWLING GREEN FL 33834				ST-ZIP	Bow	ling Green, FL	33834		ľ	
TITLE	TD DELETE					-		Change	Addition	
NAME	WATSON, SUSAN 32							_	ł	
STREET ADDRESS	•			T ADDRESS		3070 Methodist Church Road				
CITY-ST-ZIP				ST-ZIP	Bot	wling Green, FL	33834			
TITLE	SD □ DELETE 4,11							Change	☐ Addition	
NAME	DURRANCE, JULIE		4, 2 NAME							
			4.3 STREE	T ADDRESS	304	57 College Hill	Road		.	
CITY-ST-ZIP	ALL DISCOURTS AND ADDRESS OF THE PARTY OF TH		4.4 CITY-S	IT-ZIP	BOW	ling Green, FL	33834			
TITLE			5.1 TITLE		1			Change	☐ Addition	
NAME			5.2 NAME						+	
STREET ADDRESS			5.3 STREE	TADDRESS	<b>;</b>				-	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 ππLE					Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADORESS	;					
	I				ł				!	

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.

CITY-ST-ZIP