

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 24 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50907 (7)

1. Corporation Name

SAINT MARY CHRISTIAN METHODIST EPISCOPAL CHURCH,
INC.

Principal Place of Business

Mailing Address

PO BOX 11
MOUNT PLEASANT FL 32352-0011

PO BOX 11
MOUNT PLEASANT FL 32352-0011



3. Date Incorporated or Qualified

09/18/1992

3a. Date of Last Report

03/01/1995

4. FEI Number

59-2916242

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, SANDRA
RT 5 BOX 57-C
QUINCY FL 32351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

14. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
OLIVER, LESIA
STREET ADDRESS
RT. 5, BOX 81
CITY-ST-ZIP
QUINCY FL 32351

TITLE ☐ DELETE

NAME
DS
JACKSON, RONNIE
STREET ADDRESS
RT. 5, BOX 80
CITY-ST-ZIP
QUINCY FL 32351

TITLE ☐ DELETE

NAME
VD
HURCHINS, FREDDIE
STREET ADDRESS
RT. 1, BOX 1821-K
CITY-ST-ZIP
HAYANA FL 32333

TITLE ☐ DELETE

NAME
DP
MOORE, FRANKLIN
STREET ADDRESS
RT. 5, BOX 258
CITY-ST-ZIP
QUINCY FL 32351

TITLE ☐ DELETE

NAME
D
WRIGHT, ADA
STREET ADDRESS
RT. 5, BOX 82
CITY-ST-ZIP
QUINCY FL 32351

TITLE ☐ DELETE

NAME
D
JOHNSON, SANDRA
STREET ADDRESS
RT. 5, BOX 57-C
CITY-ST-ZIP
QUINCY FL 32351

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)