


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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MOUNT PLEASANT FL 32352-0011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1992	3a. Date of Last Report 01/24/1996
4. FEI Number 59-2916242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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. City
84. State 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 *Sandra Johnson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, LESIA	1.2 NAME	
STREET ADDRESS	RT. 5, BOX 81	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, RONNIE	2.2 NAME	
STREET ADDRESS	RT. 5, BOX 80	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURCHINS, FREDDIE	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 1821-K	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, FRANKLIN	4.2 NAME	
STREET ADDRESS	RT. 5, BOX 258	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ADA	5.2 NAME	
STREET ADDRESS	RT. 5, BOX 82	5.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SANDRA	6.2 NAME	
STREET ADDRESS	RT. 5, BOX 57-C	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	6.4 CITY-ST-ZIP	

14. I do 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.

Sandra Johnson

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***51.25

CR2E037 (4/97)