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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **050907**

1. Corporation Name
Saint Mary Christian Methodist Episcopal Church, Inc.

Principal Place of Business
**P.O. Box 11
Mount Pleasant, FL. 32352-0011**

Mailing Address

3. Date Incorporated or Qualified
09/18/92

4. FEI Number
59-2916242

Applied For
Not Applicable

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

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

10. Name and Address of New Registered Agent

**Sandra Johnson
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

11. Pursuant to the provisions of Sections 617.04(1) 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **Secretary of Trustee**

STREET ADDRESS **Lesia Hurchins Oliver**

CITY-ST-ZIP **Rt. 5, Box 81 Quincy, Florida 32351**

TITLE ☐ DELETE

NAME **Trustee**

STREET ADDRESS **Ronnie Jackson**

CITY-ST-ZIP **Rt. 5 Box 80 Quincy, FL. 32351**

TITLE ☐ DELETE

NAME **Chairman of Trustee Board**

STREET ADDRESS **Freddie L. Hurchins**

CITY-ST-ZIP **Rt. 1 Box 1821/K 32353**

TITLE ☐ DELETE

NAME **Chairman of Steward Bd.**

STREET ADDRESS **Franklin Moore**

CITY-ST-ZIP **Rt. 5 Box 258 Quincy, FL. 32351**

TITLE ☐ DELETE

NAME **Trustee**

STREET ADDRESS **Ada Wright**

CITY-ST-ZIP **Rt. 5 Box 82 Quincy, FL. 32351**

TITLE ☐ DELETE

NAME **Church Secretary**

STREET ADDRESS **Sandra Johnson**

CITY-ST-ZIP **Rt. 5 Box 57C Quincy, FL. 32351**

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

Freddie L. Hurchins

Freddie L. Hurchins

5/26/98

891-6574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)