

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50907

1. Corporation Name

SAINT MARY CHRISTIAN METHODIST EPISCOPAL CHURCH,
INC.

Principal Place of Business

PO BOX 11
MOUNT PLEASANT FL 32352-0011

Mailing Address

PO BOX 11
MOUNT PLEASANT FL 32352-0011

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/18/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2916242
24 Country	29 Country	Applied For
	30	<input checked="" type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
JOHNSON, SANDRA RT 5 BOX 57-C QUINCY FL 32351		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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	S/TR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESIA HURCHINS OLIVER	1.2 NAME	
STREET ADDRESS	RT. 5, BOX 81	1.3 STREET ADDRESS	000002752190-5
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	-01/21/99-01/14-003
TITLE	TR	2.1 TITLE	*****70.00-*****70.00
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	C/TR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURCHINS, FREDDIE L	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 1821-K	3.3 STREET ADDRESS	000002752190-5
CITY-ST-ZIP	HAVANA FL 32333	3.4 CITY-ST-ZIP	-01/22/99-01/14-003
TITLE	CHAR	4.1 TITLE	*****70.00 *****70.00
NAME	MOORE, FRANKLIN	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT. 5, BOX 258	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	4.4 CITY-ST-ZIP	
TITLE	TR	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	S	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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99

Date

850-891-6574

Daytime Phone

0005377

CR2E037 (11/98)