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Mar 19 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 # **N94000000873 (9)**

1. Corporation Name
THE FIRST UNITED METHODIST CHURCH OF CALLAHAN, I NC.



Principal Place of Business HIGHWAY 301 & BOOTH STREET CALLAHAN FL 32011	Mailing Address PO BOX 157 CALLAHAN FL 32011 US
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3. Date Incorporated or Qualified 03/02/1994	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3262968		
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WILLIAMS, THOMAS S ROUTE 4, 236 CALLAHAN FL 32011-0157	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3547 VOUTZ ROAD 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, THOMAS S ROUTE 4 BOX 236 CALLAHAN FL 32011-0157	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3547 VOUTZ ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, DAVID 406 BOOTH STREET CALLAHAN FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP KRAMER, DAVID 2712 S. KINGS ROAD CALLAHAN, FLA 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRESSMAN, LEONARD ROUTE 2 BOX 1088 CALLAHAN FL 32011-0157	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PAGE, JAMES 952 GRESSMAN ROAD CALLAHAN, FLA. 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGINBOTHAM, GERARD ROUTE 3 BOX 102 CALLAHAN FL 32011-0157	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2783 OLD BALDWIN ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTH, HOWARD RT 3, BOX 1568 CALLAHAN FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5155 PLANTATION DRIVE CALLAHAN, FLA 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SLOAN, CHERYL ROUTE 2 BOX 584 CALLAHAN FL 32011-0157	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1982 COOK DRIVE

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: **Robert Williams** 3/15/98 904-798-5612

CFR2037 (10/97)