

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90194 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000873**

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

Principal Place of Business HIGHWAY 901 & BOOTH STREET CALLAHAN FL 32011 <i>1934 US HIGHWAY 301</i>	Mailing Address PO BOX 157 CALLAHAN FL 32011 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/02/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3262968
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  WILLIAMS, THOMAS S 3547 VONTZ ROAD CALLAHAN FL 32011-0157	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS S	1.2 NAME	
STREET ADDRESS	ROUTE 4 BOX 236	1.3 STREET ADDRESS	3547 VONTZ ROAD
CITY-ST-ZIP	CALLAHAN FL 32011-0157	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, DAVID	2.2 NAME	
STREET ADDRESS	2712 S. KINGS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, JAMES	3.2 NAME	
STREET ADDRESS	952 GRESSMAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, GERARD	4.2 NAME	
STREET ADDRESS	2783 OLD BALDWIN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011-0157	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, HOWARD	5.2 NAME	
STREET ADDRESS	5155 PLANTATION DRIVE	5.3 STREET ADDRESS	5153 PLANTATION DRIVE
CITY-ST-ZIP	CALLAHAN FL 32011	5.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, CHERYL	6.2 NAME	
STREET ADDRESS	1982 COOK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011-0157	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: *Robert W. Williams* 1-17-99 904-879-6381  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)