

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002261 (5)**

1. Corporation Name

**BRONSON UNITED METHODIST CHURCH, INC.**

93/03/23 15:12:01

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

235 COURT ST  
BRONSON FL 32621

235 COURT ST  
BRONSON FL 32621

3. Date Incorporated or Qualified  
**05/03/1994**

3a. Date of Last Report  
**07/07/1995**

2. Principal Place of Business

2a. Mailing Address

**21** **26** **PO BOX 1269**

4. FEI Number  
**59-2349106**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

**23** **28** **Bronson, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

**25** **29** **32621** **30** **Levy**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COWART, JACK A**  
**R.R. #1 BOX 927**  
**NEWBERRY FL 32669**

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

TITLE ☐ DELETE

NAME **FREEZE, MEL**  
STREET ADDRESS **710 PENNSYLVANIA AVE**  
CITY - ST - ZIP **BRONSON FL 32621**

TITLE ☒ DELETE

NAME **KEETON, JIM**  
STREET ADDRESS **P.O. BOX 191 N/A**  
CITY - ST - ZIP **BRONSON FL**

TITLE ☐ DELETE

NAME **AKINS, MARGARET**  
STREET ADDRESS **PO BOX 277 N/A**  
CITY - ST - ZIP **BRONSON FL 32621**

TITLE ☐ DELETE

NAME **ROWE, PEGGY**  
STREET ADDRESS **P O BOX 936 N/A**  
CITY - ST - ZIP **BRONSON FL**

TITLE ☒ DELETE

NAME **SMITH, ROBERTA**  
STREET ADDRESS **P O BOX 327 N/A**  
CITY - ST - ZIP **ARCHER FL**

TITLE ☐ DELETE

NAME **GILBERT, C. W**  
STREET ADDRESS **P O BOX 147 N/A**  
CITY - ST - ZIP **BRONSON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T. GERALD Phillips** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **T. GLEN (BOO) SHIPBAUGH** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **RICHARD LeGRAND** ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE **T. MARY McINTOSH** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Jack A. Cowart**

**JACK A. COWART 3-18-96 352 486-2860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)