


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002261 (5)**

1. Corporation Name

BRONSON UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**235 COURT ST
BRONSON FL 32621**

**PO BOX 1269
BRONSON FL 32621**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1994		3a. Date of Last Report 08/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2349106		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	TRUSTEE
NAME	PHILLIPS, GERALD	1.2 NAME	Jim Keeton
STREET ADDRESS	710 PENNSYLVANIA AVE	1.3 STREET ADDRESS	P.O. Box 191
CITY-ST-ZIP	BRONSON FL 32621	1.4 CITY-ST-ZIP	BRONSON FL 32621
TITLE	NAME	2.1 TITLE	
NAME	SHIPBAUGH, GLENBUD	2.2 NAME	
STREET ADDRESS	P.O. BOX 191 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	
NAME	LEGRAND, RICHARD	3.2 NAME	
STREET ADDRESS	PO BOX 277 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL 32621	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
NAME	ROWE, PEGGY	4.2 NAME	
STREET ADDRESS	P O BOX 936 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
NAME	MCINTOSH, MARY	5.2 NAME	
STREET ADDRESS	P O BOX 327 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
NAME	GILBERT, C. W	6.2 NAME	
STREET ADDRESS	P O BOX 147 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL	6.4 CITY-ST-ZIP	

14. I do 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

[Signature]

E-06-07 2014-06-28

CR2E037 (4/97)