

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$136 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -3 AM 9:18
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000005277 (8)

1. Corporation Name
MAE EDWARDS MEMORIAL UNITED METHODIST CHURCH, IN C.

Principal Place of Business Mailing Address
 5052 MULAT ROAD 5052 MULAT ROAD
 MILTON FL 32583 MILTON FL 32583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
 10/24/1994

4. FEI Number Applied For
 59-2441320 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

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

9. Name and Address of Current Registered Agent

**BORDAGES, HAROLD
 5052 MULAT ROAD
 MILTON FL 32583**

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

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 Harold Bordages Pastor DATE 7-29-95
Signature, typed or printed name of registered agent and title of officer (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAMES, DARRYL K
STREET ADDRESS	5409 BORDEN ROAD
CITY - ST - ZIP	MILTON FL 32583
TITLE	D
NAME	DOWLING, PETER
STREET ADDRESS	164 SPENCER STREET
CITY - ST - ZIP	PACE FL 32571
TITLE	D
NAME	JONES, MILLIE
STREET ADDRESS	5341 MULAT ROAD
CITY - ST - ZIP	MILTON FL 32583
TITLE	D
NAME	LINDABURY, JOHN I
STREET ADDRESS	608 SELLERS DRIVE
CITY - ST - ZIP	MILTON FL 32570
TITLE	D
NAME	JONES, ROBERT I
STREET ADDRESS	5341 MULAT ROAD
CITY - ST - ZIP	MILTON FL 32583
TITLE	D
NAME	JONES, ROY
STREET ADDRESS	3520 COUNTRY LANE
CITY - ST - ZIP	MILTON FL 32583

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D, C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ER. CRIPPEN	
13 STREET ADDRESS	6216 GROVE ST	
14 CITY - ST - ZIP	MILTON, FL 32583	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JOSEPH, MILLARD J JR	
23 STREET ADDRESS	GARCON PT ROAD	
24 CITY - ST - ZIP	MILTON FL 32583	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(k), Florida Statutes. I further certify that the information contained 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: Roy D. Jones DATE: 7-31-95 SIGNATURE PREFIX: 904-998-7601
Signature and typed or printed name of signing officer or director (Date) (Signature Prefix #)

CR2E037 (3/95)