

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 # N94000005277 (8)

1. Corporation Name

MAE EDWARDS MEMORIAL UNITED METHODIST CHURCH, IN C.

Principal Place of Business

Mailing Address

**5052 MULAT ROAD
MILTON FL 32583**

**5052 MULAT ROAD
MILTON FL 32583**

500001771465
-04/08/96--01002--022
***70.00



2. Principal Place of Business

2a. Mailing Address

21 5052 MULAT RD.

26 MILTON, FL. 32583

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

24 Zip **25** Country **SANTA ROSA**

29 Zip **30** Country

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

06/03/1995

4. FEI Number

59-2441320

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JOHN I. LINDABURY

82 Street Address (P.O. Box Number is Not Acceptable)

606 S. SELLERS DR.

83

84 City

MILTON, FL.

FL

85 Zip Code **32570**

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

JOHN I. LINDABURY TREASURER

MARCH 18, 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE

NAME **X BORDAGES, HAROLD**
STREET ADDRESS **X 5052 MULAT RD**
CITY-ST-ZIP **X MILTON FL**

11 TITLE **DC** ☐ Change ☐ Addition

12 NAME **MILLARD JOSEPH JR.**
13 STREET ADDRESS **GARSON POINT RD.** **Same**
14 CITY-ST-ZIP **MILTON, FL. 32583**

TITLE **D** ☐ DELETE

NAME **X BORDAGES, HAROLD**
STREET ADDRESS **X 5052 MULAT RD**
CITY-ST-ZIP **X MILTON FL 32583**

21 TITLE **D** ☒ Change ☐ Addition

22 NAME **ROBERT JONES**
23 STREET ADDRESS **5341 MULAT RD**
24 CITY-ST-ZIP **MILTON, FL. 32583**

TITLE **D** ☐ DELETE

NAME **X JONES, MILLIE**
STREET ADDRESS **X 5341 MULAT RD**
CITY-ST-ZIP **X MILTON FL 32583**

31 TITLE **D** ☐ Change ☐ Addition

32 NAME **MILLIE JONES** **Same**
33 STREET ADDRESS **5341 MULAT RD.**
34 CITY-ST-ZIP **MILTON, FL. 32583**

TITLE **D** ☐ DELETE

NAME **X LINDABURY, JOHN I**
STREET ADDRESS **X 606 SELLERS DRIVE**
CITY-ST-ZIP **X MILTON FL 32570**

41 TITLE **D** ☐ Change ☐ Addition

42 NAME **JOHN I. LINDABURY** **Same**
43 STREET ADDRESS **606 S. SELLERS DR.**
44 CITY-ST-ZIP **MILTON, FL. 32570**

TITLE **D** ☐ DELETE

NAME **X MILLARD, JOSEPH JR**
STREET ADDRESS **X GARSON POINT RD**
CITY-ST-ZIP **X MILTON FL**

51 TITLE **D** ☒ Change ☐ Addition

52 NAME **RONNIE MACK**
53 STREET ADDRESS **6223 GROVE ST.**
54 CITY-ST-ZIP **MILTON, FL. 32583**

TITLE **D** ☐ DELETE

NAME **X JONES, CLIF** **Change**
STREET ADDRESS **X 1013 N. 16th ST.**
CITY-ST-ZIP **X MILTON FL 32583**

61 TITLE **D** ☒ Change ☐ Addition

62 NAME **HOWARD MCLELLAN**
63 STREET ADDRESS **3247 CHELSEA CT.**
64 CITY-ST-ZIP **MILTON, FL. 32583**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN I. Lindabury

MARCH 18, 1996 (904) 623-4076

Date

Daytime Phone #

CR2E037 (12/95)

3/18/96