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).

NONPROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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_	_	_				_		

DOCUMENT # N9400005277 (8)

FILED Aug 01 1997 8:00am Secretary of State

MAE E	DWARDS MEMORIAL UNI	ITED METHODIST CHUI	, RCH, IN						1 2))
Principal Plac	ce of Business	Mailing Address				I PODICION BIO CONT. PIPER BRICK DONA			
5052 MULAT ROAD 5052 MULAT ROAD MILTON FL 32583 MILTON FL 32583					DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualified			st Report
		•				10/24/1994	()4/()4,	/1996
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2441320			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22		27							e Required
City & Stat	10	City & State				6, Election Campaign Financing	_	\$ 5.	00 May Be
Zip	Country	Z ip	Cour	ntnı		Trust Fund Contribution			ded to Fees
24 ZIP	— ·	F-7 '	30	шу		8. This corporation owes or has pa Personal Property Tax due June		ent yea] Yes	r Intangible ☐ No
24	25 2. Name and Address of Cur	29 rent Registered Agent	1901			10. Name and Address of New Re			140
·				81	Name			<u></u>	
ום ארוואן ן	URY, JOHN I		ļ	_	-				
	ULAT ROAD			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	SELLERS DR.		F	83	····				
	FL 32570			_					
MILIOIT	16 02070			84	City		FL	85	Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statu	ites, the ab	ove.	-named cor	poration submits this statement for the p		changi	ng its registered
office or -	registered agent/or both, in the St.	ete of Florida. Such change was ligations of Section 617.0503. F	authorized Iorida Stati	l by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appo	ointmen	t as registered
	1 41 120	ν ν ν	ionaa oioii				74	2.14	-97
SIGNATURE		agent and title if applicable. (NO	TE: Registered	Agen	nt signature requ	dired when reinstating)	DATE	 4	
12.	OFFICERS /	AND DIRECTOR	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	1 100	DELETE	1.1 TIT	LE	i			∐ Cha	nge 🔲 Àddition
NAME	CHILDERS, CLIF		1.2 NA	ME					
STREET ADORESS	1013 N. 16TH ST.		1.3 STI	REET A	ADDRESS				* ;
CITY-ST-ZIP	MILTON FL 32583	Deciete	1.4 CIT		- ZIP			100	
TITLE	D	DELETE	21 111					Cha	nge 🗀 Addition
NAME	JONES, ROBERT		2.2 NA			,			
STREET ADDRESS	5341 MULAT RD.				ADDRESS				
CITY-ST-ZIP	MILTON FL 32583	☐ DELETE	2.4 CI		1-ZIP			Cha	nge
TITLE	D D	U DELCTE	3.1 TI?		1			U VIIdi	igo L. Auditiolii
NAME STREET ADORESS	JONES, MILLIE 5341 MULAT ROAD		3.2 NA		ADDRESS				,
CITY-ST-ZIP TITLE	MILTON FL 32583	DELETE	3.4. CI		1-415			Char	ige Addition
NAME	LINDABURY, JOHN 1		4. 2 NA		1				
STREET ADDRESS	606 S. SELLERS DR.				ADDRESS				
CITY-ST-ZIP	MILTON FL 32570		4.4 CIT		1				
TITLE	D	☐ DELETE	5.1 TIT	_	-=			Char	nge Addition
NAME	MACK, RONNIE	_	5.2 NA		1				
STREET ADDRESS	6223 GROVE ST.				ADDRESS				J
CITY-ST-ZIP	MILTON FL 32583		5.4 CIT						
TITLE	D	DELETE	6.1 TIT					Char	nge 🔲 Addition
NAME	MCLELLAN, HOWARD		62 NA	ME	1				Ì
STREET ADDRESS	3247 CHELSEA CT.		6.3 ST	REE1 A	ADDRESS				
CiTY-ST-ZIP	MILTON FL 32583		6.4 CIT	Y-ST	- ŽIP	·			
14 I do here	by certify that the information supp	lied with this filing does not qua	lify for the e	exen	notion state	d in Section 119,07(3)(i), Florida Statute	s I further	certify	that the

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(3)(i). Florida Statutes. Further certify that the information supplied by the same appearable on this appearable on this appearable on this appearable on the supplied of the corporation of 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 of on an attachment with an address.