OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. DUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

MILTON FL 32583

SIGNATURE

JOHN I LINDA

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jul 22 1998 8:00am \$

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # N9400005277 (8)

## MAE EDWARDS MEMORIAL UNITED METHODIST CHURCH, IN C.

Principal Place of Business Malling Address 3. Date Incorporated or Qualified 5052 MULAT ROAD 5052 MULAT ROAD MILTON FL 32583 MILTON FL 32583 10/24/1994 4. FEI Number Applied For 59-2441320 Not Applicable Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Regulred Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes K No 28 Zip Country Ζίρ Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LINDABURY, JOHN I Street Address (P.O. Box Number is Not Acceptable) 5052 MULAT ROAD 83 606 S. SELLERS DR. MILTON FL 32570 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE Change Addition Millard Joseph JR 1901 GARROW POINT Rd. NAME CHILDERS, CLIF 1.2 NAME STREET ADDRESS 1013 N. 16TH ST. 1.3 STREET ADDRESS CITY-ST-ZIP MILTON FL 32583 1.4 CITY-ST-ZIP M. 140N FL 32583 TITLE DELETE 2.1 TITLE Change Addition NAME JONES, ROBERT 2.2 NAME STREET ADDRESS 5341 MULAT RD. 2.3 STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3,1 TITLE DELETE Change Addition JONES, MILLIE NAME 3.2 NAME STREET ADDRESS 5341 MULAT ROAD 3.3 STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME LINDABURY, JOHN I 4 2 NAME STREET ADDRESS 606 S. SELLERS DR. 4.3 STREET ADDRESS CITY-ST-Z#P MILTON FL 32570 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition MACK, RONNIE 6.2 NAME NAME 6223 GROVE ST. STREET ADDRES **5.3 STREET ADDRESS** CITY-ST-ZIP MILTON FL 32583 5.4 CITY-ST-ZIP 6.1 TITLE Wesley Childers 3372 Childers St TITLE DELETE Change Addition MCLELLAN, HOWARD 8 2 NAME NAME 3247 CHELSEA CT. 6.3 STREET ADDRESS STREET ADDRESS

8.4 CITY-ST-ZIP

14. I 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 any attemption with an adverse.

MILTON FI. 32583

7-14-98

Daytime Phone # (830)

623-4076