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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005277**

1. Corporation Name
MAE EDWARDS MEMORIAL UNITED METHODIST CHURCH, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/24/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number - 59-2441320 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LINDABURY, JOHN I 5052 MULAT ROAD 606 S. SELLERS DR. MILTON FL 32570	81 Name: Katherine H. Edwards 82 Street Address (P.O. Box Number is Not Acceptable): 3480 Country Lane 83 Milton, FL 32583 84 City: Milton **FL** 85 Zip Code: 32583

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: Katherine H. Edwards, Treas. Katherine H. Edwards 1/27/99
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 / STREET ADDRESS / CITY-ST-ZIP	DC ~~MILLARD, JR, JOSEPH~~ 1901 GARCON POINT RD MILTON FL 32583	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DC E. RICHARD CRIPPEN 6216 Grove Street Milton, FL 32575	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~JONES, ROBERT~~ 5341 MULAT RD. MILTON FL 32583	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Pete Dowling 164 Spencer Street Pace, FL 32571	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~JONES, MILLIE~~ 5341 MULAT ROAD MILTON FL 32583	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Clifton D. Childers 3174 Canopy Drive Milton, FL 32583	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDABURY, JOHN I 606 S. SELLERS DR. MILTON FL 32570	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACK, RONNIE 6223 GROVE ST. MILTON FL 32583	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHILDERS, WESLEY 3372 CHILDERS STREET MILTON FL 32583	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: Katherine H. Edwards SIGNATURE REQUIRED Katherine H. Edwards 1/27/99 (850)994-5159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #