

DOCUMENT # N94000005277

1. Entity Name

MAE EDWARDS MEMORIAL UNITED METHODIST CHURCH, IN

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90231 001 \*\*\*\*61.25

Principal Place of Business 5052 MULAT ROAD MILTON FL 32583	Mailing Address 5052 MULAT ROAD MILTON FL 32583-8405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2441320</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, KATHERINE H  
 3480 COUNTRY LANE  
 MILTON FL 32583

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	CRIPPEN, E. RICHARD	
STREET ADDRESS	6216 GROVE ST	
CITY-ST-ZIP	MILTON FL 32575	
TITLE	D C	<input type="checkbox"/> Delete
NAME	DOWLING, PETE	
STREET ADDRESS	184 SPENCER ST	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHILDERS, CLIFTON D	
STREET ADDRESS	3174 CANOPY DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDABURY, JOHN I	
STREET ADDRESS	606 S. SELLERS DR.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, RONNIE	
STREET ADDRESS	6223 GROVE ST.	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDERS, WESLEY	
STREET ADDRESS	3372 CHILDERS STREET	
CITY-ST-ZIP	MILTON FL 32583	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elton J. Bush	
STREET ADDRESS	5532 DeLuna Rd.	
CITY-ST-ZIP	Milton, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine H. Edwards	
STREET ADDRESS	3480 Country Lane	
CITY-ST-ZIP	Milton, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Katherine H. Edwards* 1/12/00 (850)994-5159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)