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

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500000604 (7)

CHRIST UNITED METHODIST CHURCH OF HOLLY HILL, IN C.

Principal Place of Business Mailing Address

## **FILED** Feb 13 1997 8:00am Secretary of State



962 DERBYSHIRE RD. HOLLY HILL FL 32117				962 DERBYSHIRE RD. HOLLY HILL FL 32117-2933							
								3. Date incorporated or Qualified 02/03/1995	3a. Date of Last Report 02/08/1996		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Ar	oplied For
21				26				59-2008234			ot Applicable
Suite, Apt #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing	_	\$5.00	May Be
23				28				Trust Fund Contribution Added to Fees			
Zφ	-	Country Zip				ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24		stered Agent	[30]			Florida Statutes Yes You No.  10, Name and Address of New Registered Agent					
	8, 1441110		in trogic	No regon		81	Name	10, Italia and Addise of Heat in	Auntaine i	Agoin	
BUENI	10									·	
BOEHM, J R 435 S. RIDGEWOOD AVE.						82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		
SUITE 200						83					
DAYTONA BEACH FL 32122									·		
5/11/01	1 DENVIII E	V				84	City		FL	85 Zip (	Code
11. Pursuant	to the provision	ns of Sections 617.05	02 and 6	17.1508, Florida Statu	ites, the	above	-named c	orporation submits this statement for the	ournose of	changing it	s registered
office or r	registered age	int, or both, in the State	of Flori	da. Such change was	authoriz	ed by	the corpo	pration's board of directors. I hereby acce	pt the app	ointment as	registered
1	ATT TEATTIMEST WITH	t, and accept the oblig	janona u	i, oddion o i r.codo, r	ionoa oi	aiuioe					
SIGNATURE	Signature, typed c	r printed name of registered ag	ent and title	if applicable. (NO	TE: Registe	red Age	ni signature n	equired when reinstating)	DATE	<del> </del>	
12.	OFFICERS AND DIRECTORS					}.	· · · · · ·	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
TATLE	DP P			☐ DELETE	1.1	TITLE		,		Change	Addition
NAME	CASE, BIL				1,2	NAME	ŀ				l
STREET ADDRESS		verhouse dr.		1.3 STREET ADDRESS		ADDRESS				:	
CITY-ST-ZIP	<del> </del>	L FL 32117		1.4 6			T-ZIP				
TITLE	DV	<u></u>		☐ DELETE	2.1	TITLE				Change	Addition
NAME	BROOKS,			2.2		2.2 NAME					
STREET ADDRESS	13 WILLIA			2.3			ADDRESS				
CITY - ST - ZIP		L FL 32117					T-ZIP			TT -	
TITLE	DST	☐ DELETE		TITLE				Change	Addition		
NAME	HALFHILL,			3.2 NAME							
STREET ADDRESS	1164 GINSBERG DR.						ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32114					3.4 CITY-ST-ZIP		***************************************		Change	Addition
TITLE				L. OELEIE		TITLE				Change	Addition
NAME						2 NAME					
STREET ADDRESS							ADDRESS				· ·
CITY-ST-ZIP TITLE			***************************************	☐ DELETE		CITY-S	T-ZIP			Change	Addition
				C) OLLER						T A A KNING	M VOORION
NAME STREET ADDRESS						NAME	4DDDC00				
STREET ADDRESS		:					ADDRESS				
CITY-ST-ZIP				DELÉTÉ		CITY-S	ı-ZIP	<del></del>		Change	Addition
				veet							- Nowing
NAME OTDEET ADDRESS						NAME	1000000				
STREET ADDRESS							ADDRESS				
CITY - ST - ZIP	<u> </u>				6.4	CITY-S	I-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.