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FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004360 (2)**
1. Corporation Name

FLEMING ISLAND UNITED METHODIST CHURCH, INC.



Principal Place of Business 7170 U.S. 17 SOUTH GREEN COVE SPRINGS FL 32043	Mailing Address 7170 U.S. 17 SOUTH GREEN COVE SPRINGS FL 32043-9018
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3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report 07/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3298525	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GROENENDYK, TERI L 7170 U.S. 17 SOUTH GREEN COVE SPRINGS FL 32043		10. Name and Address of New Registered Agent 81 Name EMORY D. DYAL 82 Street Address (P.O. Box Number is Not Acceptable) 323 HOLLYWOOD FOREST DR 83 84 City ORANGE PARK FL 85 Zip Code 32073	
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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 *Emory D. Dyal* DATE **2/2/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYAL, EMORY D	1.2 NAME	
STREET ADDRESS	323 HOLLYWOOD FOREST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	TR BERRY L. SEEMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, STEWART L	2.2 NAME	1834 WESTON CIRCLE
STREET ADDRESS	PO BOX 702	2.3 STREET ADDRESS	ORANGE PARK, FL. 32073
CITY-ST-ZIP	GREEN COVE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	TR MAE M. BYERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCHSTETLER, F G	3.2 NAME	185 OAK DR. S.
STREET ADDRESS	654 MORGAN CIRCLE SOUTH	3.3 STREET ADDRESS	GREEN COVE SPRINGS, FL 32043
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	CTR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROENENDYK, TERI L	4.2 NAME	AWYSON MORGAN
STREET ADDRESS	6128 JAMAICA COURT	4.3 STREET ADDRESS	3209 RIVER ROAD
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL. 32043
TITLE	TR <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	ROWLEY, SAMUEL R	5.2 NAME	
STREET ADDRESS	1483 WILD IRIS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	PURSELL, VIVAN	6.2 NAME	
STREET ADDRESS	5091 HARVEY GRANT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)