

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
--	--

3. Date Incorporated or Qualified 09/08/1995
4. FEI Number 59-3298525
Applied For <input type="checkbox"/> Not Applicable

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
---	--

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**EMORY D DYAL
323 HOLLYWOOD FOREST DR.
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P DYAL, EMORY D
STREET ADDRESS	323 HOLLYWOOD FOREST DR
CITY-ST-ZIP	ORANGE PARK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TR TERRY L. SEEMAN
STREET ADDRESS	1834 WESTON CIR.
CITY-ST-ZIP	ORANGE PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	TR MAE M. BYERS
STREET ADDRESS	185 OAK DR. S.
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TR ALYSON MORGAN
STREET ADDRESS	3209 RIVER RD.
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TR
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T Lynn C. Shipley
5.3 STREET ADDRESS	495 Baybrook Dr.
5.4 CITY-ST-ZIP	Orange Park, FL 32073-8090
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TR Robert L. Gillette
6.3 STREET ADDRESS	734 Tara Farms Dr.
6.4 CITY-ST-ZIP	Doctors Inlet, FL 32068-6845

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

SIGNATURE: *Lynn C. Shipley* 1/29/98 (904) 278-9228

CR2E037 (10/97)