

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90042 003 ****61.25

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DOCUMENT # N95000004360

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number

59-3298525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 **John A. Grimes**
82 Street Address (P.O. Box Number is Not Acceptable)
1935 Calusa Trail
83
84 City **Middleburg,** **FL** 85 Zip Code **32068-4218**

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

John A. Grimes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-99

12.

OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	DYAL, EMORY D	
STREET ADDRESS	323 HOLLYWOOD FOREST DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHIPLEY, LYNN C	
STREET ADDRESS	495 BAYBROOK DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MAE M. BYERS	
STREET ADDRESS	185 OAK DR. S.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	GILLETTE, ROBERT L	
STREET ADDRESS	734 TARA FARMS DR	
CITY-ST-ZIP	DOCTORS INLET FL 32068	
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	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John A. Grimes	
1.3 STREET ADDRESS	1935 Calusa Trail	
1.4 CITY-ST-ZIP	Middleburg, FL 32068-4218	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JaniCe L. Martin	
2.3 STREET ADDRESS	2331 Eagle Harbor Parkway	
2.4 CITY-ST-ZIP	Orange Park, FL 32073-7771	
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	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bert S. Shipley	
4.3 STREET ADDRESS	495 Baybrook Drive	
4.4 CITY-ST-ZIP	Orange Park, FL 32073-8090	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
John A. Grimes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99
Date

904-291-9199
Daytime Phone #

CR2E037 (11/98)