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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002858 (6)

1. Corporation Name

HILLIARD UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

408 WEST SECOND STREET
HILLIARD FL 32046P.O. BOX 218
HILLIARD FL 32046-02183. Date Incorporated or Qualified
05/23/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2145706

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATTS, FRANK C
408 WEST SECOND STREET
HILLIARD FL 32046

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME WATTS, FRANK C
STREET ADDRESS 384 PINERIDGE ROAD
CITY-ST-ZIP HILLIARD FL 320461.1 TITLE P Tr ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DS ☒ DELETE
NAME JORDAN, ROBERT
STREET ADDRESS RT. 3, BOX 118
CITY-ST-ZIP HILLIARD FL 320462.1 TITLE Tr ☐ Change ☒ Addition
2.2 NAME SMITH, MARY F.
2.3 STREET ADDRESS U.S. 1 NORTH
2.4 CITY-ST-ZIP HILLIARD, FL 32046TITLE DT ☒ DELETE
NAME THOMAS, LYNN
STREET ADDRESS RT. 1, BOX 173D
CITY-ST-ZIP HILLIARD FL 320463.1 TITLE Tr ☐ Change ☒ Addition
3.2 NAME KEEFE, JACK
3.3 STREET ADDRESS Route 2, Box 393 N
3.4 CITY-ST-ZIP HILLIARD, FL 32046TITLE D ☐ DELETE
NAME VANZANT, KEVIN
STREET ADDRESS RT. 1, BOX 155
CITY-ST-ZIP HILLIARD FL 320464.1 TITLE Tr S ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME JONES, DARLENE
STREET ADDRESS RT. 3, BOX 778
CITY-ST-ZIP HILLIARD FL 320465.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME WATERS, WENDY
STREET ADDRESS 1300 2ND AVE., #7
CITY-ST-ZIP HILLIARD FL 320466.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-97

904-879-3372

Date

Daytime Phone # 0000622

CR2E037 (9/96)