

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**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90087 034 \*\*\*\*70.00

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**DOCUMENT # N96000002858**

1. Corporation Name

**HILLIARD UNITED METHODIST CHURCH, INC.**

Principal Place of Business

8068 W. 2ND ST.  
HILLIARD FL 32046  
US

Mailing Address

P.O. BOX 218  
HILLIARD FL 32046-0218

128052-90087-34 2 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/23/1996

4. FEI Number

59-2145706

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

WATTS, FRANK C  
8068 W. 2ND ST.  
HILLIARD FL 32046

10. Name and Address of New Registered Agent

81 Name

**JACK KEEFE**

82 Street Address (P.O. Box Number is Not Acceptable)

**Rt 3 Box 6091**

83

84 City

**HILLIARD**

FL

85 Zip Code

**32046**

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

*Jack Keefe*

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

**1/28/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **TRS** ☒ DELETE  
NAME **WATTS, FRANK C**  
STREET ADDRESS **384 PINERIDGE ROAD**  
CITY-ST-ZIP **HILLIARD FL**

TITLE **TR** ☐ DELETE  
NAME **SMITH, MARY**  
STREET ADDRESS **US 1 NORTH**  
CITY-ST-ZIP **HILLIARD FL**

TITLE **PTR** ☐ DELETE  
NAME **KEEFE, JACK**  
STREET ADDRESS **RTE. 3, BOX 6091**  
CITY-ST-ZIP **HILLIARD FL**

TITLE **TR** ☐ DELETE  
NAME **VANZANT, KEVIN**  
STREET ADDRESS **RTE. 4, BOX 7218**  
CITY-ST-ZIP **HILLIARD FL**

TITLE **TR** ☐ DELETE  
NAME **WILLIAM H. "SAMMY" JOHNSON**  
STREET ADDRESS **111 CYPRESS ST.**  
CITY-ST-ZIP **HILLIARD FL**

TITLE **TR** ☐ DELETE  
NAME **SUE HILL**  
STREET ADDRESS **2184 LITTLE MAGNOLIA CT.**  
CITY-ST-ZIP **HILLIARD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **TR** ☐ Change ☒ Addition  
1.2 NAME **ETTA FAYE BURNHAM**  
1.3 STREET ADDRESS **PO BOX 957**  
1.4 CITY-ST-ZIP **HILLIARD FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Jack Keefe*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/99**

**704 845-7775**  
Daytime Phone #

CR2E037 (11/98)