NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999__

DOCUMENT # N9700000843 L

1. Corporation Name

ARCHER FIRST UNITED METHODIST CHURCH, INC.

Country

AlachuA

9. Name and Address of Current Registered Agent

Principal Place of Business 400 W. CHURCH BLVD.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ARCHER FL 32618

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Zip

Mailing Address

P.O. BOX 156 ARCHER FL 32618

2a. Mailing Address --

City & State

Suite, Apt. #, etc.

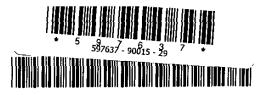
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FILED Jul 28, 1999 8:00 am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Date Incorporated or Qualifed

02/12/1997

59-2748430

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

BUULWARE, ANN B		82 Street Address (P.O. Box Number is Not Acceptable)
7404 SW	HOSTH ST 107 THS+	7404 361012 31
GAINESVILLE FL 32608		
		84 City C 4 4 4 1 1 1 2 85 Zip Code (3)
		1 1 GTAINESIIII E, FL 132600
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		
	C DELETE	1.1 TITLE T [HellMAN, LAWrence Change Addition
TITLE	POLITIMATE AND P PAGINATE AND 13	
NAME	BOULWARE, ANN B BoulwAre, Ann 13 P.O. BOX 339 N/A 74045W107th St	12 NAME 101 &, CENT/11 170
STREET ADDRESS	P.O. BOX 339 N/A 7404 50 72 74	1.3 STREET ADDRESS Archer, F1 32618
CITY-ST-ZIP	ARCHER FL 32618 GAINESUILLY \$ 32608	14 CITY-ST-ZIP
TITLE	DELETE	
NAME	BATEY BRETT BATEY Brell P PO BOX 588 N/A 108 WHIGHST	22 NAME 78185W CR. 346
STREET ADDRESS	P.O. BOX 568 N/A 108 WHIGH ST	23 STREET ADDRESS
CITY-ST-ZIP	ARCHER FL 32618 Archer \$1 32618	23 STREET ADDRESS Archer, 1/32418
TITLE	T □ DELETE	3.1 TITLE Change MAddition
NAME	CAUDRON, ARMAND	32 NAME Pree, MITTIE
STREET ADDRESS	105 E. CHURCH ST	3.3 STREET ADDRESS L P O I O I
CITY-ST-ZIP	ARCHER FL 32618	34. CMY-ST-ZIP Bronson + 32621
TITLE	T □ DELETE	4.1 TTLE Change MAddition
NAME	HAMILTON, HOMER	1.2 NAME DATS, TRANKOTH LERN
STREET ADDRESS	100 S. UNIVERSITY BLVD.	43 STREET ADDRESS 1 / / / / / / / / / / / / / / / / / /
CITY-ST-ZIP	ARCHER FL 32618	44CITY-ST-ZIP Archer, fl 32618
TITLE	DT VI OELETE	5.1 TITLE Change Addition
NAME	VACHON, DAVE	5.2 NAME
STREET ADDRESS	RT. 1 BOX 570	5.3 STREET ADDRESS
CITY-ST-ZIP	WILLISTON FL 32698	5.4 CITY-ST-ZIP
TITLE	CCD DELETE	6.1 TITLE Change Addition
NAME	PADGETT, MASON	6.2 NAME
STREET ADDRESS	14236 SW 100TH AVE.	6.3 STREET ADDRESS
'	ARCHER FL 32618	6.4 CITY-ST-ZIP
CITY-ST-ZIP		e exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information

Country

81

I. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that it is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2499 (3523722179)