FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 26 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708397 (5)

1. Corporation Name
SUN RAY UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
316 RAYMOND AVE. FROSTPROOF FL 33843	316 RAYMOND AVE. FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1965
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2335881 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FIEDLER, ELAINE M
402 CENTRAL AVE.
FROSTPROOF FL 33843

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	FIEDLER, ELAINE M	1.2 NAME	
STREET ADDRESS	402 CENTRAL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	~~HASTINGS, KENNETH W~~	2.2 NAME	D
STREET ADDRESS	~~600 W. 11TH ST.~~	2.3 STREET ADDRESS	HENDERSON PEARL
CITY-ST-ZIP	~~FROSTPROOF FL~~	2.4 CITY-ST-ZIP	501 Stanely Ave.
TITLE	D	3.1 TITLE	Frostproof, Fl, 33843 ☐ Change ☐ Addition
NAME	TRENCHARD, KATHLEEN	3.2 NAME	
STREET ADDRESS	260 WALTER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, MABEL	4.2 NAME	
STREET ADDRESS	509 RAYMOND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BEEBE, GORDON	5.2 NAME	
STREET ADDRESS	311 RAYMOND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	BAXTER, JAMES	6.2 NAME	
STREET ADDRESS	505 THOMAS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addressy.

SIGNATURE: Elaine M Fiedler Treasurer 1-17-95 1-913635 2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Elaine M. Fiedler

0087841