FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 708397 (5)

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

Principal Place of Business
316 RAYMOND AVE.
FROSTPROOF FL 33843

Mailing Address
316 RAYMOND AVE.
FROSTPROOF FL 33843

3. Date Incorporated or Qualified: 01/29/1965
3a. Date of Last Report: 01/26/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 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 *Elaine M Fiedler. Treasurer* DATE *1-22-96*

12. OFFICERS AND DIRECTORS

TITLE	DT	☐ DELETE
NAME	FIEDLER, ELAINE M	
STREET ADDRESS	402 CENTRAL AVE.	
CITY-ST-ZIP	FROSTPROOF, FL 00000	
TITLE	D	☐ DELETE
NAME	HENDERSON, PEARL	
STREET ADDRESS	501 STANELY AVE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	☐ DELETE
NAME	TRENCHARD, KATHLEEN	
STREET ADDRESS	260 WALTER ST	
CITY-ST-ZIP	FROSTPROOF, FL 00000	
TITLE	D	☐ DELETE
NAME	HAMILTON, MABEL	
STREET ADDRESS	509 RAYMOND AVE	
CITY-ST-ZIP	FROSTPROOF, FL 00000	
TITLE	D	☐ DELETE
NAME	BEEBE, GORDON	
STREET ADDRESS	311 RAYMOND DRIVE	
CITY-ST-ZIP	FROSTPROOF, FL 00000	
TITLE	P	☐ DELETE
NAME	BAXTER, JAMES	
STREET ADDRESS	505 THOMAS AVE	
CITY-ST-ZIP	FROSTPROOF, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	D	☒ Change ☐ Addition
4.2 NAME	ROBERT STOCKARD SR.	
4.3 STREET ADDRESS	500 US27S LOT 112	
4.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	☒ Change ☐ Addition
6.2 NAME	HERBERT JURS	
6.3 STREET ADDRESS	321 STANLEY AVE.	
6.4 CITY-ST-ZIP	FROSTPROOF, FL 00000	

CR2E037 (12/95)

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)(k), 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.

SIGNATURE: *Elaine M. Fiedler (Treasurer)* *1-22-96* *635-2002*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #