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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 713758 (1)

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, IN C.



Principal Place of Business 220 W. Haines Blvd.
Mailing Address 220 W. Haines Blvd.
P.O. BOX 1227 LAKE ALFRED FL 33850

3. Date Incorporated or Qualified 12/07/1967
3a. Date of Last Report 06/25/1996
4. FEI Number 71-3758631
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

2. Principal Place of Business 220 W. Haines Blvd.
2a. Mailing Address P. O. Box 1227
22. City & State Lake Alfred, FL.
23. City & State Lake Alfred, FL.
24. Zip 33850
25. Country Polk
26. City & State Lake Alfred, FL.
27. City & State Lake Alfred, FL.
28. Zip 33850
29. Country Polk

9. Name and Address of Current Registered Agent
BOOLEY JOAN X Marcie Benson
4613 PALMETTO DR X 218 Fairway Circle
WINTER HAVEN FL 33881 X Winter Haven, FL. 33881

10. Name and Address of New Registered Agent
81 Name BENSON MARCELLINE H
82 Street Address (P.O. Box Number is Not Acceptable) 218 FAIRWAY CIRCLE
84 City WINTER HAVEN FL
85 Zip Code 33881

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: Marcelline H Benson TD MARCELLINE H BENSON 3/11/97
(NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS
TITLE SD
NAME MOORE, HUGH
STREET ADDRESS 277 CENTURY DR.
CITY-ST-ZIP WINTER HAVEN FL 33881
TITLE PD
NAME BROOKS, JIMMY
STREET ADDRESS 4504 ENGLISH CT.
CITY-ST-ZIP BARTOW FL 33830
TITLE DV
NAME KENT, MARY B
STREET ADDRESS 111 WGTO TOWER RD.
CITY-ST-ZIP POLK CITY FL 33868
TITLE TD
NAME COOLEY JOAN A
STREET ADDRESS 4613 PALMETTO DR X
CITY-ST-ZIP LAKE ALFRED FL 33850
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE TD BENSON, MARCELLINE H,
4.2 NAME MARCE BENSON
4.3 STREET ADDRESS 218 Fairway Circle
4.4 CITY-ST-ZIP Winter Haven, FL. 33881
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 changed, or on an attachment with an address.

SIGNATURE: Hugh Moore HUGH MOORE 3/11/97 (941) 956-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053803

CR2E037 (9/96)