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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

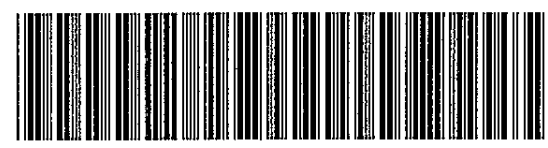
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



000037714580

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1986



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
713758 FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, INC. 100 S. 10TH AVENUE 110 S. Penn Ave. P.O. BOX 1227 LAKE ALFRED, FL 33850		Street Address 21 Corner W. Haines Blvd / Penn Ave. S. P.O. Box No. 22 5079 5/09/86 City and State 23 017 2 Zip Code 24	
If above address is incorrect in any way enter the correct address in item 2. Include Zip Code			

3 Date Incorporated or Qualified To Do Business in Florida	12/07/1967	4 Federal Employer Identification Number (FEIN)	71-3758631	5 Date of Last Report	05/30/1985
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6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985					
1	2	3	4	5	
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State		
STEVENSON, LOUIE Cobb, Louie	VP	1619 Lake Howard Dr.,	LAKE ALFRED, FL Winter Haven 33880		
TOWNSEND, LYNTON W. Crows, Kay	SP	370 E. ORANGE	LAKE ALFRED, FL		
COX, CAROLE	T	140 E. Echo St. 215 S. ILAKEE	Lake Alfred, FL. LAKE ALFRED, FL		

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent		8 Name and Address of New Registered Agent	
TOWNSEND, LYNTON W. 370 EAST ORANGE LAKE ALFRED, FL 33850		Name 81 Street Address (Do NOT Use P.O. Box Number) 82 City and State 83 FL. Zip Code 84	

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

*Ex 5/5/86*

10. See signature restrictions under instructions on reverse side of this form.  
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.  
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.  
(Officer signing must be listed in Block 6).

Signature <i>Lynton W. Townsend</i>	Date 4-7-86
Typed Name of Signing Officer Lynton W. Townsend	Title Chairman of Trustees Telephone Number 813-956-2202

11. Should you desire a certificate of status check the box.  
CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR2034 (1/86)