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(Address)

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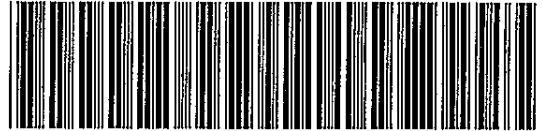
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CORPORATION ANNUAL REPORT 1994
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

94 FEB 11 PM 12:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name: FIRST UNITED METHODIST CHURCH OF LAKE ALFRED IN C.
 2. Mailing Address: 100 S. PENNSYLVANIA AVE. P.O. BOX 1227 LAKE ALFRED FL 33850
 3. Principal Place of Business: 100 S. PENNSYLVANIA AVE. P.O. BOX 1227 LAKE ALFRED FL 33850

DOCUMENT # 713758 (1)

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2. Mailing Address: 21. State: Apr. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country: 26. Principal Place of Business: 27. State: Apr. #, etc.: 28. City & State: 29. Zip: 30. Country: 3. Date incorporated or qualified: 12/07/1967 3a. Date of last report: 06/03/1993 4. FEI Number: 71-3758631 5. Certificate of Status Desired: \$8.75 Additional Fee Required 6. Excess Franchise Fees: \$5.00 May Be Added to Fees 7. Nonprofit Exempt from \$108.75 Supplemental Fee: X 8. This corporation has liability for unpaid tax under S-1113, Florida Statutes: X

9. Name and Address of Current Registered Agent: COXXCAROLEX, 215 S ILAKEE ST., LAKE ALFRED FL 33850
 10. Name and Address of New Registered Agent: Name: JOAN A. COOLEY, Street Address: P.O. Box 1205 (1050 S. Buena Vista Dr.), Lake Alfred, FL. 33850, City: Lake Alfred, FL 33850

11. I, the undersigned, 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)(a), Florida Statutes. I am an officer or director of the corporation and I accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: JOAN A. COOLEY DATE: 2/7/94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
1. TITLE: S/D	2. NAME: SHERRICK, JOHN	1. TITLE: S/D	2. NAME: Steve Taylor
3. STREET ADDRESS: 555 E. RAINERO ST.	4. CITY, STATE, ZIP: LAKE ALFRED FL 33850	3. STREET ADDRESS: 530 W. Cummings St.	4. CITY, STATE, ZIP: Lake Alfred, FL. 33850
1. TITLE: P/D	2. NAME: DAWSON, JOSEPH	1. TITLE: P/D	2. NAME: Louie Cobb
3. STREET ADDRESS: 220 S. ROCHELLE AVE	4. CITY, STATE, ZIP: LAKE ALFRED FL	3. STREET ADDRESS: 220 W. Park Lane	4. CITY, STATE, ZIP: Lake Alfred, FL. 33850
1. TITLE: D/V	2. NAME: ERICKSON, JEFF	1. TITLE: S/D	2. NAME: Callie Smith
3. STREET ADDRESS: 550 E. PINNER CT.	4. CITY, STATE, ZIP: LAKE ALFRED FL 33850	3. STREET ADDRESS: P.O. Box 1136	4. CITY, STATE, ZIP: Lake Alfred, FL. 33850
1. TITLE: T/D	2. NAME: COX, CAROLE	1. TITLE: T/D	2. NAME: JOAN A. COOLEY
3. STREET ADDRESS: 215 S. ILAKEE	4. CITY, STATE, ZIP: LAKE ALFRED FL	3. STREET ADDRESS: P. O. Box 1205 (1050 S. Buena Vista Dr.)	4. CITY, STATE, ZIP: Lake Alfred, FL. 33850

14. I, the undersigned, 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)(a), Florida Statutes. I am an officer or director of the corporation and I accept the obligations of Section 607.0505 or 617.0503, Florida Statutes. I am an officer or director of the corporation and I accept the obligations of Section 607.0505 or 617.0503, Florida Statutes. I am an officer or director of the corporation and I accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: JOAN A. COOLEY DATE: 2/7/94 813/956-1059