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

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

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

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

PICK-UP     WAIT     MAIL

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

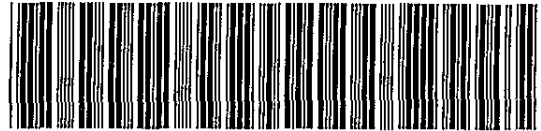
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



300037714633

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1991



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**Read Instructions on Other Side Before Making Entries**  
**FILING FEE OF \$61.25 REQUIRED**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT #713758 (1)**  
ZIP + 4 PRESORT  
FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, IN C.  
110 S. PENN AVE  
P.O. BOX 1227  
LAKE ALFRED, FL 33850-2732

2. If Address in Block 1 is incorrect in any way enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address  
22. P.O. Box No.  
23. City and State  
24. Zip Code

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. FEI Number: **71-3758831**  
FEI Number Applied For: FEI Number Not Applicable  
5. **\$8.75 Additional Fee required for a Certificate of Status**

6. Names and Street Addresses of Each Officer and Director (Do NOT use any former home or post office or residential addresses)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
V/P/D	ROSZAS, DOLORES	6201 HWY 17-92 W.	HAINES CITY, FL
P/D	STEVENSON, JESSE	310 E. HOFFMAN ST.	LAKE ALFRED, FL.
S/D	HARRISON, SANDRA	310 BOLENDER RD.	AUBURNDALE, FL
T/D	COX, CAROLE	215 S. ILAKEE	LAKE ALFRED, FL

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent  
COX, CAROLE  
215 S ILAKEE ST.  
LAKE ALFRED, FL. 33850

8. Name and Address of New Registered Agent

81. Name  
82. Street Address 1 (Do NOT Use P.O. Box Numbers)  
83. Street Address 2 (Do NOT Use P.O. Box Numbers)  
84. City, State, Zip Code  
FL

9. 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 \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Carole Cox* DATE **2-17-91**  
Typed Name of Signing Officer or Director: **Carole Cox** Title: **Treasurer/Director** Telephone Number (Area Code) **813-956-1411**

**FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**