

[Empty rectangular box]

(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



400037714624

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

FD-204 (1-77)

CORPORATION
ANNUAL REPORT
1990



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

APPROVED
AND
FILED

1990 JUN 27 PM 1:29

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

713758 1

ZIP + 4 PRESORT

FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, IN
110 S. PENN AVE
P.O. BOX 1227
LAKE ALFRED, FL 33850-2732

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. PO Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

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

3. Date Incorporated or Qualified To Do Business in Florida: **12/07/1967** 4. FEI Number: **71-3758631** FEI Number Applied For: FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1	2	3	4	5
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
V/R/D	BUGGE, ALFRED	110 BOUGANVILLE AVE.	POLK CITY, FL	
P/D	STEVENSON, JESSE	310 E. HOFFMAN ST.	LAKE ALFRED, FL.	
S/D	LEWIS, CAROLYN	720 AVE. F., N.E.	WINTER HAVEN, FL.	
T/D	COX, CAROLE	215 S. ILAKEE	LAKE ALFRED, FL	
S/D	Harrison, Sandra	310 Bolender Rd.	Auburndale, FL	
V/P/D	Rozsas, Dolores	6201 Hwy 17-92 W.	Haines City, 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

Name 81 _____
Street Address 1 (Do NOT Use P.O. Box Number) 82 _____
Street Address 2 (Do NOT Use P.O. Box Number) 83 _____
City and State 84 _____ FL _____ Zip Code 85 _____

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 office 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 607.025 F.S.

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 effects 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, F.S.

Signature: *Carole Cox* Date: **6-22-90**

Typed Name of Signing Officer or Director: **Carole Cox** Title: **Treasurer** Telephone Number: **956-1411**

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status