

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

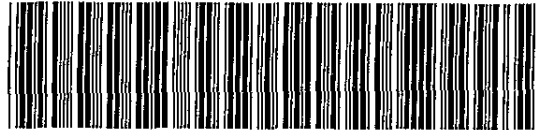
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



500037714615

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

CORPORATION
ANNUAL REPORT
1989



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

AND
FILED
1989 MAR 24 AM 11:08
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

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. ZIP + 4

713758 1
FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, IN
110 S. PENN AVE
P.O. BOX 1227
LAKE ALFRED, FL 33850-1227

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

2. Enter Change of Address of Corporation, Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21
PO Box No 22
City and State 23
Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida 12/07/1967
4 Federal Employer Identification Number (EIN) 71-3758631
5 Date of Last Report 04/07/1988

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1988

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	BJCCI, ALFRED	110 BOUGANVILLE AVE.	POLK CITY, FL.
P	WOLFE, FRANK	2104 W. BAYVIEW BLVD.	LAKE ALFRED, FL
D	Jesse Stevenson	310 E. Hoffman St.	Lake Alfred, FL
S D	LEWIS, CAROLYN	511 W. GARDNER ST.	LAKE ALFRED, FL
D	COX, CAROLE	720 Ave. F., N.E. 215 S. ILAKEE	Winter Haven LAKE ALFRED, FL

All of these are Directors, as well as their other positions.

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 PO Box Number) 82
Street Address 2 (Do NOT Use PO 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 607.325 F.S.

SIGNATURE *Carole Cox* DATE 2-17-89
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director 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 or Director signing must be listed in Block 6.)

Signature *Carole Cox* Date 2-17-89
Typed Name of Signer _____