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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

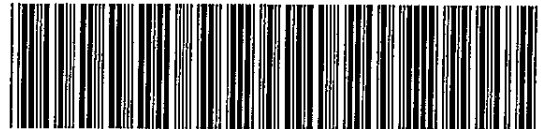
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandoz R. A. Johnson
Secretary, of State
DIVISION OF CORPORATIONS

DOCUMENT # 713758 (1)

FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, IN C.

APPROVED
AND
FILED

25 MAY - 1 PM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
130 S. PENNSYLVANIA AVE. 130 S. PENNSYLVANIA AVE.
P.O. BOX 1227 P.O. BOX 1227
LAKE ALFRED FL 33850 LAKE ALFRED FL 33850

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
12/07/1967 02/11/1994
4. FEI Number Applies For
71-3758631 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 197.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
COOLEY, JOAN A. 4613
1660 G BUENA VISTA DR Palmetto Drive
PO BOX 1205
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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 in lieu of my, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	TAYLOR, STEVE
STREET ADDRESS	530 W CUMMINGS ST
CITY - ST - ZIP	LAKE ALFRED FL 33850
TITLE	PD
NAME	COBB, LOUIE
STREET ADDRESS	220 W PARK LANÉ
CITY - ST - ZIP	LAKE ALFRED FL 33850
TITLE	DV
NAME	SMITH, CALLIE
STREET ADDRESS	1730 HWY 92 W
CITY - ST - ZIP	WINTER HAVEN FL 33881
TITLE	TD
NAME	COOLEY, JOAN 4613 Palmetto Drive
STREET ADDRESS	PO BOX 1205, 1660 G BUENA VISTA DR
CITY - ST - ZIP	LAKE ALFRED FL 33850
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I 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)(k), Florida Statutes. I further 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joana A. Cooley March 25, 1995 813/956-1057