

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15372** (8)
1. Corporation Name
FIRST UNITED METHODIST CHURCH, INC.



Principal Place of Business: **1126 EAST SILVER SPRINGS BOULEVARD, OCALA FL 32670**
Mailing Address: **1126 EAST SILVER SPRINGS BOULEVARD, OCALA FL 32670**

3. Date Incorporated or Qualified: **06/12/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-0700564**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GREEN, JOHN M. JR.
2323 SE 5TH ST.
OCALA FL 34471**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/>
NAME	WHITSETT, KEN	
STREET ADDRESS	2780 SW 7TH AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	DENSON, CARLA	
STREET ADDRESS	4651 SE 3RD AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/>
NAME	LOSSING, GERALD D	
STREET ADDRESS	724 S.E. 40TH TERR.	
CITY-ST-ZIP	OCALA FL 34471-3136	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CONRAD, CRAIG M	
STREET ADDRESS	2015 S.E. 7TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KAY, DON JR.	
STREET ADDRESS	1215 SE 12TH CT.	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/>
NAME	GUDE, TIM	
STREET ADDRESS	2330 SE 34TH ST.	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Bridget Kiefer		
2.3 STREET ADDRESS	4855 SE 37th CT		
2.4 CITY-ST-ZIP	Ocala, FL 34480-7399		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Todd Adams		
4.3 STREET ADDRESS	3351 SE 4th St.		
4.4 CITY-ST-ZIP	Ocala, FL 34471-2917		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Dale Barron		
5.3 STREET ADDRESS	1406 SE 38th CT		
5.4 CITY-ST-ZIP	Ocala, FL 34471		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: Gerald D. Lassen 3-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

FIRST UNITED METHODIST CHURCH

1126 East Silver Springs Blvd.
Ocala, Florida 34470-6775
(904) 622-3244

Donald W. Jones, D.Min.
Thomas C. Bridges, M.Div.

ADDENDUM TO: DOCUMENT #N15372

Item No. 12

D
Janet Behnke
2330 Laurel Run Drive
Ocala, FL 34471-8328

D
Larry Ellison
2334 SE 14th ST
Ocala, FL 34471-2645

Addition

D
Oliver E. Seago, Jr.
2017 SE 37th Court Circle
Ocala, FL 34471-5691

D
David Stafford
4220 SE 46th ST
Ocala, FL 34480-8856