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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
1126 EAST SILVER SPRINGS BOULEVARD
OCALA FL 32670 1126 EAST SILVER SPRINGS BOULEVARD
OCALA FL 34470-6704

3. Date Incorporated or Qualified 06/12/1986 3a. Date of Last Report 04/29/1996
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
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, JOHN M. JR.
2323 SE 5TH ST.
OCALA FL 34471

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 (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	VD
NAME	WHITSETT, KEN	12 NAME	Ray Johnson
STREET ADDRESS	2780 SW 7TH AVE.	13 STREET ADDRESS	801 NE 42nd Terr.
CITY-STATE-ZIP	OCALA FL	14 CITY-STATE-ZIP	Ocala, Fl. 34470-1047
TITLE	SD	21 TITLE	D
NAME	BRIDGET, KIEFER	22 NAME	Helen Richard
STREET ADDRESS	4855 SE 37TH COURT	23 STREET ADDRESS	2230 SE 8th St.
CITY-STATE-ZIP	OCALA FL	24 CITY-STATE-ZIP	Ocala, Fl. 37771-2683
TITLE	T	31 TITLE	
NAME	LOSSING, GERALD D	32 NAME	
STREET ADDRESS	724 S.E. 40TH TERR.	33 STREET ADDRESS	
CITY-STATE-ZIP	OCALA FL 34471-3138	34 CITY-STATE-ZIP	
TITLE	D	41 TITLE	
NAME	BARRON, DALE	42 NAME	
STREET ADDRESS	1406 SE 38TH COURT	43 STREET ADDRESS	
CITY-STATE-ZIP	OCALA FL	44 CITY-STATE-ZIP	
TITLE	PD	51 TITLE	PD
NAME	GUDE, TIM	52 NAME	Dale Barron
STREET ADDRESS	2330 SE 34TH ST.	53 STREET ADDRESS	1406 SE 38th Court
CITY-STATE-ZIP	OCALA FL	54 CITY-STATE-ZIP	Ocala, Fl. 34471
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or is signed, or on an attachment with an address.

SIGNATURE: *Donald D. Lussen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)