

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32670**



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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

06/12/1986

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, RAY	
STREET ADDRESS	801 N.E. 42ND TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRIDGET, KIEFER	
STREET ADDRESS	4855 SE 37TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOSSING, GERALD D	
STREET ADDRESS	724 S.E. 40TH TERR.	
CITY-ST-ZIP	OCALA FL 34471-3138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRON, DALE	
STREET ADDRESS	1406 SE 38TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARRON, DALE	
STREET ADDRESS	1406 S.E. 38TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD, HELEN	
STREET ADDRESS	2230 S.E. 8TH ST	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, RAY	
1.3 STREET ADDRESS	801 NE 42nd Terr.	
1.4 CITY-ST-ZIP	Ocala, Fl.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS, JOHN	
2.3 STREET ADDRESS	2544 SE 28th Lane	
2.4 CITY-ST-ZIP	Ocala, Fl.	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARNETTE, SARA	
3.3 STREET ADDRESS	1781 SE Clatterbridge Rd.	
3.4 CITY-ST-ZIP	Ocala, Fl.	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILSON, BOB	
4.3 STREET ADDRESS	1616 SE 13th St., OCALA, FL.	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or in an attachment with an address.

SIGNATURE:

Ray H. Johnson

4/14/98

CR2E037 (10/97)