

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90018 038 \*\*\*\*61.25

0070205

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N15372

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/12/1986

22 City & State

27 City & State

4. FEI Number  
 59-0700564

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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 D  DELETE  
 NAME JOHNSON, RAY  
 STREET ADDRESS 801 N.E. 42ND TERR  
 CITY-ST-ZIP Ocala FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME THOMAS, JOHN  
 STREET ADDRESS 2544 SE 28TH LANE  
 CITY-ST-ZIP Ocala FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE T  DELETE  
 NAME LOSSING, GERALD D  
 STREET ADDRESS 724 S.E. 40TH TERR.  
 CITY-ST-ZIP Ocala FL 34471-3136

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME BARRON, DALE  
 STREET ADDRESS 1406 SE 38TH COURT  
 CITY-ST-ZIP Ocala FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME ARNETTE, SARA  
 STREET ADDRESS 1781 SE CLATTERBRIDGE RD  
 CITY-ST-ZIP Ocala FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME RICHARD, HELEN  
 STREET ADDRESS 2230 S.E. 8TH ST  
 CITY-ST-ZIP Ocala FL

6.1 TITLE  Change  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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ray Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Johnson, Chairman 4/26/99

Date

Daytime Phone #

CR2E037 (1/98)