

**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 # **N24522 (7)**  
1. Corporation Name  
**THE FIRST UNITED METHODIST CHURCH OF OVIEDO, INC**



Principal Place of Business: **263 KING STREET OVIEDO FL 32765**  
Mailing Address: **263 KING STREET OVIEDO FL 32765**

3. Date Incorporated or Qualified: **01/27/1988**  
3a. Date of Last Report: **03/09/1995**  
4. FEI Number: **59-1350104**  
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

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

9. Name and Address of Current Registered Agent: **MILLER, STEVEN L. 263 KING STREET OVIEDO FL 32765**  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADSEN, BROOKS</b>	1.2 NAME	
STREET ADDRESS	<b>214 SHADY LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CD PRATT, CHARLES W.</b>	2.2 NAME	
STREET ADDRESS	<b>972 PALMETTO STR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T CLARK, HENRY</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>389 W. HIGH ST.</b>	3.3 STREET ADDRESS	<b>Dan Lykens</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>	3.4 CITY-ST-ZIP	<b>819 Orangewood Dr.</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D HEINRICH, JAMES</b>	4.2 NAME	<b>Trustee</b>
STREET ADDRESS	<b>1153 HOWELL CREEK DR.</b>	4.3 STREET ADDRESS	<b>Stan Atkinson</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	4.4 CITY-ST-ZIP	<b>514 Lake Charm Court</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S SIMS, DEBRA</b>	5.2 NAME	<b>Trustee</b>
STREET ADDRESS	<b>440 TERRACE DR.</b>	5.3 STREET ADDRESS	<b>John Bushey</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>	5.4 CITY-ST-ZIP	<b>727 Sybilwood Circle</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BERRY, VERNON</b>	6.2 NAME	<b>Trustee</b>
STREET ADDRESS	<b>97 TOMOKA DR</b>	6.3 STREET ADDRESS	<b>Penny Olliff</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>	6.4 CITY-ST-ZIP	<b>603 N. Central Ave.</b>

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: *Charles W. Pratt* **4-21-96** **407-365-3255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/In Phone #

CR2E037 (12/95)