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Jun 19 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 # N24522 (7)
1. Corporation Name
THE FIRST UNITED METHODIST CHURCH OF OVIEDO, INC



Principal Place of Business: 283 KING STREET OVIEDO FL 32765
Mailing Address: 263 KING STREET OVIEDO FL 32765-8106

3. Date Incorporated or Qualified: 01/27/1988
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-1350104
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
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
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	MADSEN, BROOKS	1.2 NAME
STREET ADDRESS	214 SHADY LN	1.3 STREET ADDRESS
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	PRATT, CHARLES W	2.2 NAME
STREET ADDRESS	972 PALMETTO STR	2.3 STREET ADDRESS
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	LYKENS, DAN	3.2 NAME
STREET ADDRESS	819 ORANGE WOOD DR.	3.3 STREET ADDRESS
CITY-ST-ZIP	OVIEDO FL 32765	3.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	ATKINSEN, STAN	4.2 NAME
STREET ADDRESS	514 LAKE CHARM COURT	4.3 STREET ADDRESS
CITY-ST-ZIP	OVIEDO FL 32765	4.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	BUSHEY, JOHN	5.2 NAME
STREET ADDRESS	727 SYBILWOOD CIRCLE	5.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL 32708	5.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	OLLIFF, PENNY	6.2 NAME
STREET ADDRESS	603 N. CENTRAL AVE.	6.3 STREET ADDRESS
CITY-ST-ZIP	OVIEDO FL 32765	6.4 CITY-ST-ZIP

SHERON BINKLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHAIRMAN	
2456 TOMMY'S TURN	
OVIEDO, FL 32765	
NANCY HOOVER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY	
2425 BLACKBERRY TRAIL	
OVIEDO, FL 32765	
DANIEL W. LYKENS, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
819 ORANGEWOOD DRIVE	
OVIEDO, FL 32765	
CHARLES W. PRATT, TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
972 PALMETTO STREET	
OVIEDO, FL 32765	
JOHN BUSHEY, TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
727 SYBILWOOD CIRCLE	
WINTER PARK, FL 32708	
PENNY OLIFF, TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
603 N. CENTRAL AVENUE	
OVIEDO, FL 32765	

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 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] DATE: 6-21-97

CR2E037 (9/96)