

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24522 (7)**  
 1. Corporation Name  
**THE FIRST UNITED METHODIST CHURCH OF OVIEDO, INC**



Principal Place of Business <b>263 KING STREET OVIEDO FL 32765</b>	Mailing Address <b>263 KING STREET OVIEDO FL 32765</b>
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3. Date Incorporated or Qualified <b>01/27/1988</b>
4. FEI Number <b>59-1350104</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	<b>BINKLEY, SHERON</b>	
STREET ADDRESS	<b>2456 TOMMY'S TURN</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>HOOVER, NANCY</b>	
STREET ADDRESS	<b>2425 BLACKBERRY TRAIL</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>LYKENS, DANILE</b>	
STREET ADDRESS	<b>819 ORANGE WOOD DR.</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRATT, CHARLES</b>	
STREET ADDRESS	<b>972 PALMETTO ST.</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>BUSHEY, JOHN</b>	
STREET ADDRESS	<b>727 SYBILWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>OLLIFF, PENNY</b>	
STREET ADDRESS	<b>603 N. CENTRAL AVE.</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Randy Patterson</b>	
1.3 STREET ADDRESS	<b>874 Kingsbridge Drive</b>	
1.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Daniel Lykens</b>	
3.3 STREET ADDRESS	<b>819 Orangewood Dr.</b>	
3.4 CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Craig Cortes</b>	
4.3 STREET ADDRESS	<b>270 Clearview Rd.</b>	
4.4 CITY-ST-ZIP	<b>Chuluota, FL 32766-9615</b>	
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 on an attachment with an address.

SIGNATURE: *Randy Patterson* 9 MAR 98 407-365-3255

CR2E037 (10/97)