NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90021 050 \*\*\*\*61.25

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

01/27/1988

59-1350104

FEI Number

## **DOCUMENT # N24522**

THE FIRST UNITED METHODIST CHURCH OF OVIEDO, INC

Country

25

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

26

29

| Principal Flace of dusiness        | MIDI 3                             | The same and the s |
|------------------------------------|------------------------------------|--|
| 263 KING STREET<br>OVIEDO FL 32765 | 263 KING STREET<br>OVIEDO FL 32765 |  |
|                                    |                                    |  |

Country

30

| 9. Name and Address of Current Registered Agent  |   |   | <u> </u>           |             | 10. Hamie and Acciess of their fice state of their | _               |  |  |
|--|---|---|--------------------|-------------|--|-----------------|--|--|
|  |   |   | 81 Name            |             |  |                 |  |  |
| MILLER OTENER John Powers  |   | 32 Street Address (P.O. Box Number is Not Acceptable) |                    |             | 7  |                 |  |  |
| 263 KING STREET  |   |   |                    |             |  |                 |  |  |
| OVIEDO FL: 32765   |   | 83  |                    |             |  |                 |  |  |
|  | <del>- ;-; ;-</del>   |   | 84                 | City        | 85 Zip Code  | 7               |  |  |
|  |   |   | FL                 |             |  | _               |  |  |
| 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 and applied with, and accept the obligations of, Section 617.0503, Florida Statutes.  |   |   |                    |             |  |                 |  |  |
| SIGNATURE  | Volan tower   | · Danistansi  | Anna 1             | innah va re | equired when reinstating) DATE                     | 6               |  |  |
|  | Spenture, hypotro-protect name of registered ligent and title if applicable. (NOTE OFFICERS AND DIRECTORS | 13.   | , , , , , , , , ,  |             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | ଅ               |  |  |
| 12.  |   | 1,171   | TI E               |             | Change Addition                                    | (11/98)         |  |  |
| TITLE  | •   |   |                    |             |  |                 |  |  |
| NAME   | PATTERSON, RANDY  |   | 12NAME             |             |  | CRZE037         |  |  |
| STREET ADDRESS   | ···   |   | TREET              | DORESS      |  | 1 2             |  |  |
| CITY-ST-ZIP  | OVIEDO FL 32765   |   | TY-ST-             | ZIP         | ☐ Change ☐ Addition                                | <del>,</del> 15 |  |  |
| TITLE  | S DELETE  | 21 ∏  | TLE                |             | Collable Classic                                   | "  -            |  |  |
| NAME   | HOOVER, NANCY   |   | 22 NAME .          |             |  |                 |  |  |
| STREET ADDRESS   | 2425 BLACKBERRY TRAIL   |   | 2.3 STREET ADDRESS |             | -  |                 |  |  |
| CITY-ST-ZIP  | OVIEDO FL   |   | HTY-ST             | ZIP         | ☐ Change ☐ Addition                                | _               |  |  |
| TITLE  | T DELETE  | 3.1 T   | πE                 |             | Change Addition                                    | <b>"</b>        |  |  |
| NAME   | LYKENS, DANIEL  |   | MME                |             |  |                 |  |  |
| STREET ADDRESS   | A40 001110T WOOD DD   |   | TREET              | ODRESS      |  |                 |  |  |
| CITY-ST-ZIP  | OVIEDO FL 32765   |   | TR-ST              | ZP -        |  |                 |  |  |
| TITLE  | T OBLETE  | 4.1 TI  | TLE                |             | ☐ Change ☐ Addition                                | ויי             |  |  |
| NAME   | CORTES, CRAIG   |   | AME                | · ·         |  | 1               |  |  |
| STREET ADDRESS   | 270 CLEARVIEW ROAD  | 4.3 \$  | TREET              | CORESS      |  |                 |  |  |
| CITY-ST-ZIP  | CHULWOTA FL 32766   | 44C   | บร-ยา-             | ZIP         | Change ID Addition                                 | 4               |  |  |
| TITLE  | T DELETE  |   | TILE .             |             | Trustee Addition                                   | m               |  |  |
| NAME   | BUSHEY, JOHN  | 5.2 N   | ME                 |             | Dean Davenport<br>4080 Lake Harney Circle          |                 |  |  |
| STREET ADDRESS   | 727 SYBILWOOD CIRCLE  | 5.3 S   | TREET              | DORESS      | 4080 Take Harved Circia                            |                 |  |  |
| CITY-ST-ZIP  | WINTER PARK FL  |   | 1TY-ST-            | ZIP_        | Geneva FL 32732-9651 Trustee Change Prodition      | -               |  |  |
| TITLE  | T DELETE  | 6.1 T   | MLE                |             | Trustee Addition                                   | וייי            |  |  |
| NAME   | GLUFF, PENNY  |   | ME                 |             | Tam Reakevich                                      |                 |  |  |
| STREET ADDRESS   | 616   |   | TREET              | DORESS      | 879 Royalwood Lane                                 | -               |  |  |
| CITY-ST-ZIP  | AMERA-FI-49765  |   | 8.4 CITY-ST-ZIP    |             | Oviedo, FL 32765                                   |                 |  |  |
| 14. I heraby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/t). Florids Statutes. I further certify that the information   |   |   |                    |             |  |                 |  |  |
| officer or director of the exponation of the receiver oritrustee empowered to execute this report as required by Chieffer of the exponation of the receiver oritrustee empowered to execute this report as required by Chieffer of the exponential of the exponential or the receiver oritrustee empowered to execute this report as required by Chieffer or the receiver or t |   |   |                    |             |  |                 |  |  |
| Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.   |   |   |                    |             |  |                 |  |  |