FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:32
TALLAHASSEE, FLORIDA

DOCUMENT # N30091 (5)

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF WINTER GARDEN, INC.

100001498621
-05/24/95--01092--002
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM N. ASMA 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787-3910	C/O WILLIAM N. ASMA 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787-3910

3. Date Incorporated or Qualified: 01/09/1989
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-0725543 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASMA, WILLIAM N.
886 SOUTH DILLARD STREET
WINTER GARDEN FL 32787

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	YOUNGLOOD, GARY	12 NAME	
STREET ADDRESS	165 EAST TILDEN ST.	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MORTON, LES	22 NAME	V AUGUSTINE, EDWARD L.
STREET ADDRESS	6912 LOG JAM COURT	23 STREET ADDRESS	10462 CR 561A
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Clermont, FL 34711
TITLE	D	31 TITLE	S ☒ Change ☐ Addition
NAME	LEE, MERVIN	32 NAME	GLASSBURN, PATRICIA
STREET ADDRESS	441 NORTH BOYD ST.	33 STREET ADDRESS	1424 Spring Ridge Circle
CITY-ST-ZIP	WINTER GARDEN FL	34 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	GRIMES, HARRIETTE	42 NAME	STARLING, KENITH J.
STREET ADDRESS	104 NORTH LAKEVIEW	43 STREET ADDRESS	9329 Lake Lotta Circle
CITY-ST-ZIP	WINTER GARDEN FL	44 CITY-ST-ZIP	Gotha, FL 34734
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	MCMILLAN, MARY ANNE	52 NAME	HEATH, DONALD
STREET ADDRESS	325 LAKEVIEW ROAD	53 STREET ADDRESS	660 Glenview Dr.
CITY-ST-ZIP	WINTER GARDEN FL	54 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	CLAFLIN, JOHN	62 NAME	D CLAFLIN, LEE ANN
STREET ADDRESS	511 N. MAIN ST.	63 STREET ADDRESS	511 N. Main St.
CITY-ST-ZIP	WINTER GARDEN FL	64 CITY-ST-ZIP	Winter Garden, FL 34787

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)(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: _____ 1/24/95 (407)656-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gary Youngblood

0000956