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**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30091 (5)

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



Principal Place of Business C/O WILLIAM N. ASMA 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787-3910	Mailing Address C/O WILLIAM N. ASMA 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787-3910
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3. Date Incorporated or Qualified 01/09/1989		
4. FEI Number 59-0725543	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

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

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	85 FL	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	PD	<input type="checkbox"/> DELETE
NAME	KEATING, TIMOTHY	
STREET ADDRESS	802 TILDENVILL RD.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AUGUSTINE, EDWARD L	
STREET ADDRESS	10462 CR 581A	
CITY-ST-ZIP	CLERMONT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLASSBURN, PATRICIA	
STREET ADDRESS	16345 CR 455	
CITY-ST-ZIP	MONVERDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARLING, KENITH J.	
STREET ADDRESS	9329 LAKE LOTTA CIR.	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEATH, DONALD	
STREET ADDRESS	660 GLENVIEW DR.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUESINBERRY, GLORIA	
STREET ADDRESS	900 W PLANT ST	
CITY-ST-ZIP	WINTER GARDEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Armis, Gay
2.3 STREET ADDRESS	214 N. Dillard St.
2.4 CITY-ST-ZIP	Winter Garden, FL 34787
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wagster, Marian
3.3 STREET ADDRESS	383 Grove Ct.
3.4 CITY-ST-ZIP	Winter Garden, FL 34787
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roberson, Gordon
4.3 STREET ADDRESS	146 Live Oak Rd
4.4 CITY-ST-ZIP	Winter Garden, FL 34787
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rainey, Cindy
5.3 STREET ADDRESS	2535 Pershing Oaks Pl
5.4 CITY-ST-ZIP	Orlando, FL 32806
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 in an attachment with an address.

SIGNATURE: *Timothy Keating* 2-11-98 656-1135

CR2E037 (10/97)