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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30091

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF WINTER GARDEN, INC.

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/09/1989

22 City & State

27 City & State

4. FEI Number
 59-0725543

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 PD DELETE
 NAME KEATING, TIMOTHY
 STREET ADDRESS 802 TILDENVILL RD.
 CITY-ST-ZIP WINTER GARDEN FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME ANNIS, GAY
 STREET ADDRESS 214 N DILLARD ST
 CITY-ST-ZIP WINTER GARDEN FL 34787

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE S DELETE
 NAME WAGSTER, MARIAN
 STREET ADDRESS 383 GOVE CT
 CITY-ST-ZIP WINTER GARDEN FL 34787

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME ROBERSON, GORDON
 STREET ADDRESS 146 LIVE OAK RD
 CITY-ST-ZIP WINTER GARDEN FL 34787

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME RAINEY, CINDY
 STREET ADDRESS 2535 PERSHING OAKS PL
 CITY-ST-ZIP ORLANDO FL 32806

5.1 TITLE Change Addition
 5.2 NAME D Griffin, Johnnie
 5.3 STREET ADDRESS 520 N. Woodland St.
 5.4 CITY-ST-ZIP Winter Garden, FL 34787

TITLE D DELETE
 NAME QUESINBERRY, GLORIA
 STREET ADDRESS 900 W PLANT ST
 CITY-ST-ZIP WINTER GARDEN FL

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-7-99

(407) 656-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)