

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 56

DOCUMENT # **N47053** (6)
1. Corporation Name
DAVENPORT UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
28 MARKET STREET **28 MARKET STREET**
P.O. BOX 145 **P.O. BOX 145**
DAVENPORT FL 33837 **DAVENPORT FL 33837**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/27/1992** 3a. Date of Last Report **02/03/1994**
4. FEI Number **59-6141889** Applied For Not Applicable
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

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

9. Name and Address of Current Registered Agent
WHITE, DENNIS
28 MARKET STREET
DAVENPORT FL 33837

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, 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 *[Signature]* DATE **1/18/95**
Signature required for principal officer or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLETTE, SCOTT A. 111 E. PALM DAVENPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMKAU, AURO L. 5 EAST PALM DAVENPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMKE, IRENE 1 CENTER CREST DAVENPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLERS, LARRY PO BOX 2055 NA DAVENPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUST, PETER A 15 E CYPRESS STR DAVENPORT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUST, JOHN P.O. BOX 465 N/A DAVENPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Jan. 18, 1995** **813-422-8250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)