# 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 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004458 (5)**

1. Corporation Name
**MONTVERDE UNITED METHODIST CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 17015 PORTER AVE.<br>MONTVERDE FL 34756 | P.O. BOX 560067<br>MONTVERDE FL 34756-0067 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3274730 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 21 | 26 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 22 | 27 | | |
| City & State | City & State | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | **$68.75** Supplemental Fee Not Required |
| 23 | 28 | | |
| Zip / Country | Zip / Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |
| 24 / 25 | 29 / 30 | | |

**9. Name and Address of Current Registered Agent**

MILES, WALTER E
17534 COUNTY RD. 455
MONTVERDE FL 34756

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~PD~~ | 11 TITLE | D | ☒ Change ☐ Addition |
| NAME | MILES, WALTER E | 12 NAME | | |
| STREET ADDRESS | 17534 COUNTY RD. 455 | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MONTVERDE FL 34756 | 14 CITY-ST-ZIP | | |
| TITLE | ~~VD~~ | 21 TITLE | PD | ☒ Change ☐ Addition |
| NAME | ADAMS, LINDA | 22 NAME | Linda Williams | |
| STREET ADDRESS | 20105 S. BUCKHILL RD. | 23 STREET ADDRESS | 12905 Mariner Drive | |
| CITY-ST-ZIP | CLERMONT FL 34712 | 24 CITY-ST-ZIP | Astatula Fl 34705 | |
| TITLE | ~~SD~~ | 31 TITLE | SD | ☒ Change ☐ Addition |
| NAME | ~~RONALD WEST~~ | 32 NAME | Ronald West | |
| STREET ADDRESS | ~~P. O. BOX 560545 N/A~~ | 33 STREET ADDRESS | P. O. Box 560545 N/A | |
| CITY-ST-ZIP | ~~MONTVERDE FL 34756~~ | 34 CITY-ST-ZIP | Montverde Fl 34756 | |
| TITLE | TD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | ADAMS, JEAN V | 42 NAME | | |
| STREET ADDRESS | 20105 S. BUCKHILL RD. | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | CLERMONT FL 34712 | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | BALDWIN, LARRY | 52 NAME | | |
| STREET ADDRESS | 113 BROAD ST. | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | MONTVERDE FL 34756 | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | COX, LOUISE | 62 NAME | | |
| STREET ADDRESS | 9TH ST. | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MONTVERDE FL 34756 | 64 CITY-ST-ZIP | | |

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:** Jean V. Adams 4-14-95 (904) 394 3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jean V. Adams, Church Treasurer

000278