

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90147 027 ****70.00

0058653

DOCUMENT # N95000001555

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF WAUCHULA, FLORIDA, INC.

Principal Place of Business

207 NORTH 7TH AVENUE
WAUCHULA FL 33873

Mailing Address

207 NORTH 7TH AVENUE
WAUCHULA FL 33873



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0625634

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

9. Name and Address of Current Registered Agent

BURTON, JOHN W. H
501 WEST MAIN STREET
WAUCHULA FL

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 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

TITLE ☐ DELETE

NAME **ROY L. PETTEWAY**
STREET ADDRESS **2150 RAMON PETTEWAY RD**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ DELETE

NAME **D BENNETT, ERIC**
STREET ADDRESS **1827 LOUISIANA ST**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☒ DELETE

NAME **STD ROXIE BENTLEY**
STREET ADDRESS **111 OHIO AVE**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☒ DELETE

NAME **D REVELL, ONEITA**
STREET ADDRESS **972 STENSTROM RD**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☒ DELETE

NAME **V ROBERT GIBSON**
STREET ADDRESS **220 ORANGE AVE**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ DELETE

NAME **D WARREN, WAYNE**
STREET ADDRESS **3126 MERLE LANGFORD RD**
CITY-ST-ZIP **WAUCHULA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S/T/D

Tayntor, Joan
1204 Altman Rd
Wauchula, FL 33873

D

Brush, Jerry
117 Pennsylvania Ave
Wauchula, FL 33873

D

Cherry, J. W.
387 Hanchey Rd
Wauchula, FL 33873

V/D

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 941-773-2303

CR2E037 (11/98)