

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N95000002573 (2)**

1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF MAYO, INC.**



Principal Place of Business      Mailing Address  
P.O. BOX 433                              P.O. BOX 433  
MAYO FL 32066                            MAYO FL 32066-0433

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/25/1995**                              **09/24/1996**

4. FEI Number      Applied For  
**59-2166635**                              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**

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      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**MUTCH, SAMUEL A  
708 N.W. 8TH AVE.  
GAINESVILLE FL 32601-5073**

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	PD	<input type="checkbox"/> DELETE
NAME	CERASO, MILTON E	
STREET ADDRESS	%P.O. BOX 433	N/A
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HART, CLEO	
STREET ADDRESS	%P.O. BOX 433	N/A
CITY-ST-ZIP	MAYO FL 32066	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEHRT, VERNON	
STREET ADDRESS	%P.O. BOX 433	N/A
CITY-ST-ZIP	MAYO FL 32066	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLARD, GORDON	
STREET ADDRESS	RT. 3 BOX 92	N/A
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRINGTON, JAMES E	
STREET ADDRESS	%P.O. BOX 433	N/A
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASHMAN, B.Z.	
STREET ADDRESS	%P.O. BOX 433	N/A
CITY-ST-ZIP	MAYO FL 32066	

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	N/A	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	N/A	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	N/A	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	N/A	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	N/A	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	N/A	
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:      SIGNATURE REQUIRED      *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 0000876

CR2E037 (9/96)