

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002573 (2)
 1. Corporation Name
FIRST UNITED METHODIST CHURCH OF MAYO, INC.



Principal Place of Business P.O. BOX 433 MAYO FL 32066	Mailing Address P.O. BOX 433 MAYO FL 32066
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3. Date Incorporated or Qualified
05/25/1995

4. FEI Number 59-2166635	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 P.O. Box 433 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 MAYO, FL	27 City & State <i>same</i>
24 Zip 32066	25 Country Lafayette
28 Zip	30 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 <i>same</i>
85 Zip Code FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William R McMillan	
1.3 STREET ADDRESS	Rt #3 Box 78	
1.4 CITY-ST-ZIP	MAYO, FL 32066	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD BROWN	
2.3 STREET ADDRESS	12485 RD 349	
2.4 CITY-ST-ZIP	LIVE OAK, FL 32060	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W.C. HART	
3.3 STREET ADDRESS	Rt 3 Box 67	
3.4 CITY-ST-ZIP	MAYO, FL 32066	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *William R McMillan* **William R McMillan** 1-11-98

CR2E037 (10/97)