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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:35

DOCUMENT # N23541 (8)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF SANFORD, FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O CLIFFORD V. MELVIN 419 PARK AVENUE SANFORD FL 32771 US	C/O CLIFFORD V. MELVIN 419 PARK AVENUE SANFORD FL 32771 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0751919 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MELVIN, CLIFFORD V
419 PARK AVENUE
SANFORD FL 32771

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	D	11 TITLE	☐ Change ☐ Addition
NAME	NEUMANN, RONALD	12 NAME	
STREET ADDRESS	841 ANDERSON DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☐ Change ☒ Addition
NAME	SAWYERS, BLAKE	22 NAME	James Estep
STREET ADDRESS	4030 CHICKASAW DRIVE	23 STREET ADDRESS	6046 Feather Lane
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	Sanford, FL 32771-6774
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NORRIS, WILLIAM A	32 NAME	
STREET ADDRESS	115 LARKWOOD DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BEDELL, KATHERINE	42 NAME	
STREET ADDRESS	426 CARDINAL OAKS CT.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	NORRIS, JEAN	52 NAME	William Maliczowski
STREET ADDRESS	115 LARKWOOD DRIVE	53 STREET ADDRESS	118 Laurel Drive
CITY-ST-ZIP	SANFORD FL	54 CITY-ST-ZIP	Sanford, FL 32773-3387
TITLE	D	61 TITLE	D ☐ Change ☒ Addition
NAME	GAINES, FREDERIC F., JR.	62 NAME	Dorothy Waller
STREET ADDRESS	702 OAK AVENUE	63 STREET ADDRESS	125 East Woodland Drive
CITY-ST-ZIP	SANFORD FL	64 CITY-ST-ZIP	Sanford, FL 32773-5853

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: Ronald Neumann Ronald E. Neumann Trustee 3/28/95 (407) 860-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

C.H.R.H.

0003282