

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003943 (8)

1. Corporation Name

NEW HARMONY UNITED METHODIST CHURCH INC.



Principal Place of Business

Mailing Address

1327 DEMETREE ST.
LIVE OAK FL 32060

1327 DEMETREE ST.
LIVE OAK FL 32060

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

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

09/11/1995

4. FEI Number

59-2598275

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

DECKER, ANDREW J III
320 WHITE AVE.
LIVE OAK FL 32060

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 NAME STREET ADDRESS CITY-ST-ZIP

D

ANDERS, NORMAN
RT. 6, BOX 103
LIVE OAK FL 32060

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

CLAY, OZETA
P.O. BOX 577
LIVE OAK FL 32060

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

CRUZAN, BRUCE
RT. 4, BOX 414
LIVE OAK FL 32060

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

CLARK, FRANK
RT. 5 BOX 6029
LIVE OAK FL 32060

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

FOSS, FRED
RT. 7 BOX 466
LIVE OAK FL 32060

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

WEBBER, ROY
1327 DEMETREE ST
LIVE OAK FL 32060

☐ DELETE

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

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)(k), 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:

Roy L. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY L. WEBER-4-1596 2-904-364-3207
Date Daytime Phone #

CR2E037 (12/95)