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 MAR 30 AM 10:51

DOCUMENT # 701998 (7)

1. Corporation Name
ALOMA UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
ALOMA METHODIST CHURCH INC 3045 ALOMA AVENUE WINTER PARK FL 32792	3045 ALOMA AVE. 3045 ALOMA AVENUE WINTER PARK FL 32792-3702 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1961
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-6046991 ☐ 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 (Should be blank)
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM., JR
39 WEST PINE STREET
ORLANDO FL 32801

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	TD	11 TITLE	☒ Change ☐ Addition
NAME	KELLY, MYRA	12 NAME	
STREET ADDRESS	2418 TIOGA TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	32789
TITLE	TRC	21 TITLE	TRC ☒ Change ☐ Addition
NAME	MATHENEY, CHARLES DONALD	22 NAME	PATTON, WALTER B.
STREET ADDRESS	7506 WAUNATTA CT.	23 STREET ADDRESS	601 BERWICK DR.
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	DC	31 TITLE	TR ☒ Change ☐ Addition
NAME	FOWLER, FLOYD F	32 NAME	RADER, JOHN L.
STREET ADDRESS	2958 STARWOOD DR	33 STREET ADDRESS	3307 BALSAM DR.
CITY-ST-ZIP	OVIEDO FL	34 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	PANTELIAS, SUSAN	42 NAME	
STREET ADDRESS	211 CORNWALL RD	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	32792
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Walter B. Patton WALTER B. PATTON Chairman, Board of Trustees 3/22/95 407-671-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0032072