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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701998

1. Corporation Name

ALOMA UNITED METHODIST CHURCH, INC.

Principal Place of Business

**ALOMA UNITED METHODIST CHURCH
3045 ALOMA AVENUE
WINTER PARK FL 32792**

Mailing Address

**ALOMA UNITED METHODIST CHURCH
3045 ALOMA AVENUE
WINTER PARK FL 32792**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/08/1961

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

9. Name and Address of Current Registered Agent

**FALLON, LEWIS J.
2608 VERDE LANE
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

C. Donald Matheney

82 Street Address (P.O. Box Number is Not Acceptable)
7506 Waunatta Ct.

83

84 City

Winter Park

FL

85 Zip Code
32792

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 *C. Donald Matheney*
Signature, typed or printed name of registered agent and title if applicable.

C. Donald Matheney, Chair, Trustees

4/22/99
Date

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **KELLY, MYRA**
STREET ADDRESS **2418 TIOGA TRAIL**
CITY-ST-ZIP **WINTER PARK FL**

CTR ☐ DELETE

NAME **FALLON, LEWIS J.**
STREET ADDRESS **2608 VERDE LANE**
CITY-ST-ZIP **WINTER PARK FL 32792**

STR ☐ DELETE

NAME **TAYLOR, KARIN**
STREET ADDRESS **7924 SNOWBERRY CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32819**

TR ☒ DELETE

NAME **TURNER, CHARLES T.**
STREET ADDRESS **1860 KEWANEE TRAIL**
CITY-ST-ZIP **FERN PARK FL 32730**

TR ☐ DELETE

NAME **SMITH, TIMOTHY L.**
STREET ADDRESS **3074 RIVIERA BAY COURT**
CITY-ST-ZIP **OVIDO FL 32765**

TR ☒ DELETE

NAME **SHAW, THERESA**
STREET ADDRESS **4419 FORELAND PLACE**
CITY-ST-ZIP **ORLANDO FL 32812**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **TR**
Robert R. Taylor
1.3 STREET ADDRESS **6040 Twin Lakes Dr.**
1.4 CITY-ST-ZIP **Oviedo, FL 32765**

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 **TR**
Nancy J. Fredda
3.3 STREET ADDRESS **4015 Lake Mira Dr.**
3.4 CITY-ST-ZIP **Orlando, FL 32817**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **CTR**
C. Donald Matheney
4.3 STREET ADDRESS **7506 Waunatta Ct.**
4.4 CITY-ST-ZIP **Winter Park, FL 32792**

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 **TR**
Charles L. Ewing
6.3 STREET ADDRESS **1022 Manchester Circle**
6.4 CITY-ST-ZIP **Winter Park, FL 32792**

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, with all other like empowered.

SIGNATURE: *C. Donald Matheney* **C. Donald Matheney** **4/22/99** **407-679-8841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)