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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 702110

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF PORT ST. LUCIE, INC.

Principal Place of Business	Mailing Address
260 SW PRIMA VISTA BLVD. PORT ST LUCIE FL 34983	260 SW PRIMA VISTA BLVD. PORT ST LUCIE FL 34983

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 03/07/1961

4. FEI Number: 59-0954425 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

JOSEPH, VALERIE
260 SW PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: DOLAN, GLADYS
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: Gladys Dolan — 3/30/99
Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIPES, HAROLD 260 SW PRIMA VISTA BLVD PORT ST LUCIE FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Secretary (S) SD PIPES, Darlene 260 SW Prima Vista Blvd Port St Lucie FL 34983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECK, CHARLES 260 S.W. PRIMA VISTA BLVD PORT ST LUCIE FL 34983	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	~~Director~~ (No longer (D) Trustee Secretary)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLAN, JAMES 260 SW PRIMA VISTA BLVD PORT ST LUCIE FL 34983	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Vice President (VP)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNOLD, JON 260 SW PRIMA VISTA BLVD PORT ST. LUCIE FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEQUERE, MARC 260 S.W. PRIMA VISTA BLVD PORT ST LUCIE FL 34983	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	President (P) PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DM DOLAN, Gladys 260 SW Prima Vista Blvd Port St Lucie FL 34983	☐ Change ☒ Addition

CR2E037 (11/98)

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: Gladys Dolan Office Mgr 3/10/99 561 878-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #