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 FEB -1 PM 1:43

DOCUMENT # 702589 (3)

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF TITUSVILLE, INC

Principal Place of Business	Mailing Address
PO BOX 6486 (ZIP 327826486) 206 S HOPKINS AV TITUSVILLE FL 32796	PO BOX 6486 (ZIP 327826486) 206 S HOPKINS AV TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1961
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1084415 ☐ 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

~~NORMAN LUNDBERG~~
~~3080 CASPER PLACE~~
~~TITUSVILLE FL 32780~~

10. Name and Address of New Registered Agent

81 Name: Larry Dehmlow
82 Street Address (P.O. Box Number is Not Acceptable): 1440 Dozier Avenue
83
84 City: Titusville FL 85 Zip Code: 32780

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	~~C~~	1.1 TITLE	C	☒ Change ☐ Addition
NAME	~~NORMAN LUNDBERG~~	1.2 NAME	Larry Dehmlow	
STREET ADDRESS	~~3080 CASPER PLACE~~	1.3 STREET ADDRESS	1440 Dozier Avenue	
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	1.4 CITY-ST-ZIP	Titusville, Florida	
TITLE	~~V~~	2.1 TITLE	V	☒ Change ☐ Addition
NAME	~~LARRY DEHMLOW~~	2.2 NAME	French Johnson	
STREET ADDRESS	~~1440 DOZIER AVE.~~	2.3 STREET ADDRESS	1904 Robin Hood Court	
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	2.4 CITY-ST-ZIP	Titusville, Florida 32796	
TITLE	~~D~~	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~TOM HAMMOND~~	3.2 NAME	Dale Mays	
STREET ADDRESS	~~3825 HIDDEN HILLS DR.~~	3.3 STREET ADDRESS	3375 Aurantia Road	
CITY-ST-ZIP	~~TITUSVILLE FL 32796~~	3.4 CITY-ST-ZIP	Mims, Florida 32754	
TITLE	~~D~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~MEISTER, JEAN~~	4.2 NAME	Vaughn Pirlo	
STREET ADDRESS	~~4015 ASHLEY DR.~~	4.3 STREET ADDRESS	4730 Key Largo Drive	
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	4.4 CITY-ST-ZIP	Titusville, Florida 32780	
TITLE	~~D~~	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~JIM CLARK~~	5.2 NAME	Nann Lundberg	
STREET ADDRESS	~~1492 RIVERSIDE DRIVE~~	5.3 STREET ADDRESS	3080 Casper Place	
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	5.4 CITY-ST-ZIP	Titusville, Florida 32780	
TITLE	~~S~~	6.1 TITLE	S	☒ Change ☐ Addition
NAME	~~RUTH CHEWNING~~	6.2 NAME	Ruth Lewis	
STREET ADDRESS	~~3093 SAWGRASS DRIVE~~	6.3 STREET ADDRESS	3648 Frazier Court	
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~	6.4 CITY-ST-ZIP	Titusville, Florida 32780	

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: _____ Larry Dehmlow 269-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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