

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business 2a. Mailing Address
21 **206 S. Hopkins Ave.** 26 **P.O. Box 6486 (327826486)**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Titusville, FL** 28 **Titusville, FL**
Zip Country Zip Country
24 **32796** 25 **Brevard** 29 **327826486** 30 **Brevard**

3. Date Incorporated or Qualified **06/22/1961** 3a. Date of Last Report **02/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DEHMLow, LARRY
1440 DOZIER AVENUE
TITUSVILLE FL 32780
10. Name and Address of New Registered Agent
81 Name **Johnson, French**
82 Street Address (P.O. Box Number is Not Acceptable)
1904 Robinhood Ct.
83
84 City **Titusville, FL** 85 Zip Code **32796**

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 **French Johnson, Chairperson Trustees** *French Johnson* **6-10-96**
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 12	
TITLE	C- <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHMLow, LARRY	1.2 NAME	
STREET ADDRESS	1440 DOZIER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V- <input type="checkbox"/> DELETE	2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FRENCH	2.2 NAME	
STREET ADDRESS	1904 ROBIN HOOD COURT	2.3 STREET ADDRESS	1904 Robinhood Ct.
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Titusville, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D- <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, DALE	3.2 NAME	
STREET ADDRESS	3375 AURANTIA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL	3.4 CITY-ST-ZIP	32754 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D- <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRLO, BAUGHN	4.2 NAME	Holmes, Robert
STREET ADDRESS	4730 KEY LARGO DRIVE	4.3 STREET ADDRESS	3972 Hunters Ridge Way
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Titusville, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LUNBERG, NORM	5.2 NAME	
STREET ADDRESS	3080 CASPER PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	LEWIS, RUTH	6.2 NAME	
STREET ADDRESS	3648 FRAZIER COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	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)(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: **SIGNATURE REQUIRED** *French Johnson* **407-269-7631**
Signature and typed or printed name of signing officer or director Date Daytime Phone #
French E. Johnson **0004014**

CR2E037 (3/96)