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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

455294 - 90039 - 7

DOCUMENT # 703537

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF PORT ORANGE, INC.

Principal Place of Business	Mailing Address
305 DUNLAWTON AVE. PORT ORANGE FL 32127-4457	305 DUNLAWTON AVE. PORT ORANGE FL 32127-4457

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/30/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0974343 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PADGETT, GLENN R.
10 AVIATOR WAY
ORMOND BCH FL 32174

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 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 _____ 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	T	☑ DELETE	1.1 TITLE	T	☐ Change ☑ Addition
NAME	HEATH, HAROLD		1.2 NAME	Carl Carr	
STREET ADDRESS	101 HILLTOP CIR		1.3 STREET ADDRESS	920 4th Street	
CITY-ST-ZIP	DAYTONA BCH FL		1.4 CITY-ST-ZIP	Port Orange FL 32119-3212	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REEVES, JANE		2.2 NAME		
STREET ADDRESS	6004 PARK RIDGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP		
TITLE	TC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUNSON, R S		3.2 NAME		
STREET ADDRESS	1303 OSPREY NEST LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL 32124		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED 23 APR 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #