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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:32

DOCUMENT # 703802 (9)

1. Corporation Name
CONWAY UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
3401 SOUTH CONWAY ROAD ORLANDO FL 32812-4699	3401 SOUTH CONWAY ROAD ORLANDO FL 32812-4699

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1962
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-1146126 ☐ 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 (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)

9. Name and Address of Current Registered Agent

HUDSON, WAYNE
3556 COUNTRY LKS
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name: John Davidson
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1801 Lorena Ln
84 City: Orlando FL 85 Zip Code: 32806

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: JOHN DAVIDSON — John Davidson — 2/16/95
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	PD	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	HUDSON, WAYNE	1.2 NAME	John Davidson	
STREET ADDRESS	3556 COUNTRY LKS	1.3 STREET ADDRESS	1801 Lorena Ln	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	Orlando FL 32806	
TITLE	VPD	2.1 TITLE	Vice President T	☒ Change ☐ Addition
NAME	DAVIDSON, JOHN	2.2 NAME	Frank A Young	
STREET ADDRESS	1801 LORENA LANE	2.3 STREET ADDRESS	3332 Kew Gardens Lane	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	Orlando FL 32812	
TITLE	SD	3.1 TITLE	Secretary T	☒ Change ☐ Addition
NAME	WARREN, RENEE	3.2 NAME	Laura Rodrigue	
STREET ADDRESS	2442 PALM CREEK AVENUE	3.3 STREET ADDRESS	14217 Nell Road	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL 32832	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WALDEN, BETTY	4.2 NAME		
STREET ADDRESS	2316 CRYSTAL LK.DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: John Davidson — 2/16/95 — 407-843-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1R10