

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90132 039 \*\*\*\*70.00

**DOCUMENT # 703808**

1. Corporation Name

**FIRST UNITED METHODIST CHURCH OF ORLANDO, INC.**

Principal Place of Business

142 E JACKSON ST  
ORLANDO FL 32801

Mailing Address

142 E JACKSON ST  
ORLANDO FL 32801



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/29/1962**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-0725542**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STOPPORD, CHARLES~~  
142 E JACKSON ST  
ORLANDO FL 32801

John H Halliburton Jr

81 Name  
John H Halliburton Jr

82 Street Address (P.O. Box Number is Not Acceptable)  
142 East Jackson Street

83 City & State

84 City  
Orlando

85 Zip Code  
FL 32801

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 *John H Halliburton Jr*  
Signature, typed or printed name of registered agent and title, if applicable.

John H Halliburton Jr  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **NISBETT, JOE**  
STREET ADDRESS **142 E. JACKSON STREET**  
CITY-ST-ZIP **ORLANDO, FL 00000 32801**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P/D NISBETT, JOE**  
1.3 STREET ADDRESS **142 East Jackson Street**  
1.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☒ DELETE  
NAME **D WARD, BO**  
STREET ADDRESS **142 E JACKSON ST.**  
CITY-ST-ZIP **ORLANDO, FL 00000 32801**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D Dear, Wayne**  
2.3 STREET ADDRESS **142 East Jackson Street**  
2.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☒ DELETE  
NAME **DV DAVIDSON, SCOTT**  
STREET ADDRESS **142 E JACKSON ST.**  
CITY-ST-ZIP **ORLANDO, FL 00000 32801**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D Jewell, Alan**  
3.3 STREET ADDRESS **142 East Jackson Street**  
3.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☒ DELETE  
NAME **DS ZANCA, DAVID**  
STREET ADDRESS **142 E JACKSON ST.**  
CITY-ST-ZIP **ORLANDO, FL 00000 32801**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D Manuel, Doris**  
4.3 STREET ADDRESS **142 East Jackson Street**  
4.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ DELETE  
NAME **D PEED, FRED**  
STREET ADDRESS **142 E JACKSON ST.**  
CITY-ST-ZIP **ORLANDO, FL 00000 32801**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D SCHWARTZ, WILLIAM**  
STREET ADDRESS **142 E JACKSON ST**  
CITY-ST-ZIP **ORLANDO FL 32801**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **V/D Stewart, Mike**  
6.3 STREET ADDRESS **142 East Jackson Street**  
6.4 CITY-ST-ZIP **Orlando, FL 32801**

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:

*Joe Nisbett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Nisbett, 3-16-99

President

Date

Daytime Phone #

407 849-6080

CR2E037 (11/98)