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 MAR 29 AM 7:28

DOCUMENT # **704268** **(2)**

1. Corporation Name

THE FLORIDA UNITED METHODIST CHILDREN'S HOME, INC.

Principal Place of Business	Mailing Address
51 MAIN STREET P.O. BOX 4008 ENTERPRISE FL 32725	51 MAIN STREET P.O. BOX 4008 ENTERPRISE FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1908
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-0638479 ☐ 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

DINKINS, EDWARD L JR
51 MAIN STREET
ENTERPRISE FL 32725

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 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	VD	11 TITLE	VICE CHAIRMAN - VD	☑ Change ☐ Addition
NAME	KORNER, JEAN	12 NAME		
STREET ADDRESS	200 OCEAN LN DR, STE 1107	13 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	33149	
TITLE	C	21 TITLE	CHAIRMAN - C	☑ Change ☐ Addition
NAME	BREWER, DAVID T.	22 NAME		
STREET ADDRESS	~~6000 MAYNADA~~	23 STREET ADDRESS	POB 3767	
CITY-ST-ZIP	~~COARL GABLES~~ FL	24 CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	SD	31 TITLE	SECRETARY - SD	☑ Change ☐ Addition
NAME	BOONE, ALFREDA	32 NAME		
STREET ADDRESS	830 RIVIERA STR	33 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	34285	
TITLE	TD	41 TITLE	TREASURER TD	☑ Change ☐ Addition
NAME	BLANTON, JOSEPH G.	42 NAME		
STREET ADDRESS	2373 WIND GAP PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	34625	
TITLE	P	51 TITLE	PRESIDENT P	☑ Change ☐ Addition
NAME	DINKINS, EDWARD L., JR.	52 NAME		
STREET ADDRESS	~~2028 SNOOK DRIVE~~	53 STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	~~DELTONA FL~~	54 CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	61 TITLE	DIRECTOR D	☑ Change ☐ Addition
NAME	~~BARNETT, MARVIN E~~	62 NAME	JOHN GREEN	
STREET ADDRESS	~~105 FAITH TERR~~	63 STREET ADDRESS	PO BOX 31060	
CITY-ST-ZIP	~~MAITLAND FL~~	64 CITY-ST-ZIP	SARASOTA FL 34231	

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:** Edward L Dinkins Jr 3.23.95 407-860-1800
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #