FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 704268 (2)

1. Corporation Name

THE FLORIDA UNITED METHODIST CHILDREN'S HOME, IN C.

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

3. Date Incorporated or Qualified: 06/03/1908
3a. Date of Last Report: 03/29/1995

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)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: ALEXANDER C. CARMICHEL, IV
82 Street Address (P.O. Box Number is Not Acceptable): 51 MAIN STREET
83
84 City: ENTERPRISE FL 85 Zip Code: 32725

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: Alexander Carmichel IV 1/18/96
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	VD	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	KORNER, JEAN		1.2 NAME		
STREET ADDRESS	200 OCEAN LN DR, STE 1107		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	33149	
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	BREWER, DAVID T.		2.2 NAME		
STREET ADDRESS	PO BOX 3767		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	33802	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	BOONE, ALFREDA		3.2 NAME		
STREET ADDRESS	830 RIVIERA STR		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	34285	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	BLANTON, JOSEPH G.		4.2 NAME		
STREET ADDRESS	2373 WIND GAP PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	34625	
TITLE	~~P~~	☐ DELETE	5.1 TITLE	P	☑ Change ☐ Addition
NAME	~~DINKINS, EDWARD L., JR.~~		5.2 NAME	CARMICHEL, ALEXANDER C., IV	
STREET ADDRESS	~~51 MAIN ST~~		5.3 STREET ADDRESS	51 MAIN STREET	
CITY-ST-ZIP	~~ENTERPRISE FL~~		5.4 CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	GREEN, JOHN		6.2 NAME		
STREET ADDRESS	PO BOX 31060		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	34232	

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: Alexander Carmichel IV 1/18/96 407-860-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)