

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # 707476 (8)

1. Corporation Name:

THE FIRST UNITED METHODIST CHURCH OF DUNEDIN, IN C.

05 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**421 MAIN ST.
DUNEDIN FL 34690**

**421 MAIN ST
DUNEDIN FL 34690**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1964

3a. Date of Last Report
05/01/1994

4. FEI Number
59-0725536

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAWHINNEY, MARGARET N.
2330 LAKESHORE DRIVE
CLEARWATER FL 33519**

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

Signature of current registered agent (check box if applicable)

Signature of Registered Agent (check box if not when substituting)

(DATE)

12. OFFICERS AND DIRECTORS

11 TITLE **PD**
12 NAME **OTTOSON, BRIAN**
13 STREET ADDRESS **1677 PASADENA DRIVE**
14 CITY-ST-ZIP **DUNEDIN FL**

21 TITLE **TD**
22 NAME **PRIOR, WALTER**
23 STREET ADDRESS **4100 BAYSHORE BLVD.**
24 CITY-ST-ZIP **DUNEDIN FL**

31 TITLE **SD**
32 NAME **GAMBLE, GAIL**
33 STREET ADDRESS **1722 HICKORY GATE DR. S**
34 CITY-ST-ZIP **DUNEDIN FL**

41 TITLE **VD**
42 NAME **BURROUGHS, PAUL**
43 STREET ADDRESS **309 BROADWAY ST.**
44 CITY-ST-ZIP **DUNEDIN FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** Change Addition
12 NAME **LARRY BROCK**
13 STREET ADDRESS **1517 GLEN HOLLOW LANE**
14 CITY-ST-ZIP **Dunedin, FL 34698**

21 TITLE **TD** Change Addition
22 NAME **CONNIE GAYDA**
23 STREET ADDRESS **5126 EAGLES LANDING Circle W.**
24 CITY-ST-ZIP **Clearwater, FL 34621**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME **delete this item**
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if change only, on an attachment with an address.

SIGNATURE:

Larry Brock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Larry Brock

4/27/95
1 date
873-
733-4139
City/State #