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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707476 (8)

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF DUNEDIN, IN C.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

421 MAIN ST.
DUNEDIN FL 34698

421 MAIN ST.
DUNEDIN FL 34698

3. Date Incorporated or Qualified 06/23/1964	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0725536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

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 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

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 <input checked="" type="checkbox"/> DELETE	11 TITLE	Financial Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, LARRY	12 NAME	ALTON S. FISHER
STREET ADDRESS	1517 GLEN HOLLOW LANE N	13 STREET ADDRESS	1473 Mallard place
CITY-ST-ZIP	DUNEDIN FL	14 CITY-ST-ZIP	Palm Harbor, FL 34683-6431
TITLE	TD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYDA, CONNIE	22 NAME	
STREET ADDRESS	3186 EAGLES LANDINGS CIRCLE W.	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	SB Trustee, Chairman <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, GAIL	32 NAME	
STREET ADDRESS	1722 HICKORY GATE DR. S	33 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	34 CITY-ST-ZIP	
TITLE	Trustee, Treasurer <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROW, MILTON	42 NAME	
STREET ADDRESS	1909 Nugget DR.	43 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34615	44 CITY-ST-ZIP	
TITLE	Trustee, Secretary <input type="checkbox"/> DELETE	51 TITLE	
NAME	Hale, Jeanette	52 NAME	
STREET ADDRESS	2307 Jones Ct.	53 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698-2222	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: *A. Fisher, Financial Secretary* 1/18/96 (813)733-4139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)