


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707476 (8)**  
1. Corporation Name  
**THE FIRST UNITED METHODIST CHURCH OF DUNEDIN, IN C.**



Principal Place of Business <b>421 MAIN ST. DUNEDIN FL 34698</b>	Mailing Address <b>421 MAIN ST. DUNEDIN FL 34698</b>
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3. Date Incorporated or Qualified <b>06/23/1964</b>	4. FEI Number <b>59-0725536</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**MAWHINNEY, MARGARET N.  
2330 LAKESHORE DRIVE  
CLEARWATER FL 33519**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	GAMBLE, GAIL	
STREET ADDRESS	1722 HICKORY GATE DR. S	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	CONROW, MILTON	
STREET ADDRESS	1909 NUGGET DR.	
CITY-ST-ZIP	CLEARWATER FL 34513	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	HALE, JEANETTE	
STREET ADDRESS	2307 JONES CT.	
CITY-ST-ZIP	DUNEDIN FL 34698-2222	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John McCafferty	
1.3 STREET ADDRESS	731 Litchfield Ln	
1.4 CITY-ST-ZIP	Dunedin, FL 34698	
2.1 TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marie McClung	
2.3 STREET ADDRESS	1742 Hickory Gate Dr. S.	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elinor Thomas	
3.3 STREET ADDRESS	1655 Marina Ct	
3.4 CITY-ST-ZIP	Dunedin, FL 34698	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

*Elinor Thomas* 812 733-4139

CP2E037 (10/97)