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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707476

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF DUNEDIN, INC.

Principal Place of Business

421 MAIN ST.
 DUNEDIN FL 34698

Mailing Address

421 MAIN ST.
 DUNEDIN FL 34698



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/23/1964

22 City & State

27 City & State

4. FEI Number
 59-0725536

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 TC DELETE
 NAME MCCAFFERTY, JOHN
 STREET ADDRESS 731 LITCHFIELD LN
 CITY-ST-ZIP DUNEDIN FL 34698

1.1 TITLE TC Change Addition
 1.2 NAME Jim Perod
 1.3 STREET ADDRESS 1295 Dale Cir W
 1.4 CITY-ST-ZIP Dunedin, Fl 34698

TITLE TC DELETE
 NAME MCCLUNG, MARIE
 STREET ADDRESS 1742 HICKORY GATE DR S
 CITY-ST-ZIP DUNEDIN FL 34698

2.1 TITLE TS Change Addition
 2.2 NAME Stephanie Bessette
 2.3 STREET ADDRESS 1844 LaGrande Dr.
 2.4 CITY-ST-ZIP Dunedin, Fl 34698

TITLE TS DELETE
 NAME THOMAS, ELINOR
 STREET ADDRESS 1655 NARINA CT
 CITY-ST-ZIP DUNEDIN FL 34698-2222

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Margaret N. Mawhinney*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 (727)443-3281
 Date Daytime Phone #

CR2E037 (1/198)