FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB -6 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709029 (3)

1. Corporation Name

FRIENDSHIP UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
12275 PARAMOUNT DR. PUNTA GORDA FL 33955	P.O. BOX 1317 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1965
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1863262 ☐ 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
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 S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GREEN, CAROL E. REV.
3511 AMANDA ST.
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: REV. D. BRYAN SIMPSON
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, Florida Statutes

SIGNATURE: Rev. D. Bryan Simpson 1/28/95
Signature, typed or printed name of registered agent and title if ... DATE
NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	HARMON, GUY	1.2 NAME	
STREET ADDRESS	2610 CAMELLIA TERR.	1.3 STREET ADDRESS	300001401473
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	-02/09/95--01039--006
TITLE	D	2.1 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	DUFF, OMAR	2.2 NAME	
STREET ADDRESS	28062 SENATOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33955	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HAFNER, JOHN	3.2 NAME	
STREET ADDRESS	30101 OIL WELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33955	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	GLICK, HANK	4.2 NAME	
STREET ADDRESS	24300 AIRPORT RD. #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	LAB, NORMA	5.2 NAME	
STREET ADDRESS	10101 BURNT STORE RD., #23	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, BETTY	6.2 NAME	
STREET ADDRESS	26280 ANGELICA RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33955-1419	6.4 CITY-ST-ZIP	

SS 2/6/95

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)(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.

SIGNATURE: H.P. Glick Jr. H.P. GLICK JR 1/14/95 813-637-1717
SIGNATURE AND TYPED OR PRINTED NAME OF ... OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER

0001200