

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:24

DOCUMENT # 709350 (3)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF PAHOKEE, INC.

Principal Place of Business Mailing Address
INC. INC.
491 EAST MAIN STREET 491 EAST MAIN STREET
PAHOKEE FL 33476 PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1965 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1280911 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
JOHNSON, RALPH O.
678 EAST FIRST STREET
PAHOKEE FL 33476

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMPI, ROBERT O
STREET ADDRESS	166 S GREENSTAR AVE
CITY - ST - ZIP	PAHOKEE, FL 00000
TITLE	D
NAME	BAUMGARTEN, STEVE
STREET ADDRESS	160 HOMEPLACE COURT
CITY - ST - ZIP	PAHOKEE, FL.
TITLE	D
NAME	MOHNEY, CATHY
STREET ADDRESS	359 CYPRESS AVE.
CITY - ST - ZIP	PAHOKEE, FL 00000
TITLE	SD
NAME	HYNEMAN, VICKIE
STREET ADDRESS	180 HOMEPLACE COURT
CITY - ST - ZIP	PAHOKEE FL
TITLE	D
NAME	BRANCH, HUGH
STREET ADDRESS	2801 BACOM POINT ROAD
CITY - ST - ZIP	PAHOKEE FL
TITLE	TD
NAME	SASSER, FAITH
STREET ADDRESS	212 N BARFIELD HWY
CITY - ST - ZIP	PAHOKEE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not, or as an attachment with an address.

SIGNATURE: X *Faith Sasser*
SIGNATURE AND TYPE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Feb 10, 1995 (407) 924-5631