

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **07/23/1965** 3a. Date of Last Report **02/14/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1280911	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	28	Zip	29	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, RALPH O. 678 EAST FIRST STREET PAHOKEE FL 33476				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPI, ROBERT O	12 NAME	
STREET ADDRESS	166 S GREENSTAR AVE	13 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 00000	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTEN, STEVE	22 NAME	
STREET ADDRESS	160 HOMEPLACE COURT	23 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHNEY, CATHY	32 NAME	
STREET ADDRESS	359 CYPRESS AVE P.O. Box 400	33 STREET ADDRESS	P.O. Box 400
CITY-ST-ZIP	PAHOKEE, FL 00000	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNEMAN, VICKIE	42 NAME	
STREET ADDRESS	180 HOMEPLACE COURT	43 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, HUGH	52 NAME	
STREET ADDRESS	2801 BACOM POINT ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	54 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSER, FAITH	62 NAME	
STREET ADDRESS	212 N BARFIELD HWY	63 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 00000	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 or on an attachment with an address.

SIGNATURE: Faith Sasser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/18/96 Daytime Phone #: 924-5631

CR2E037 (12/95)