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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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. 491 EAST MAIN STREET PAHOKEE FL 33476
INC. 491 EAST MAIN STREET PAHOKEE FL 33476-1811

3. Date Incorporated or Qualified 07/23/1965
3a. Date of Last Report 02/02/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LAMPI, ROBERT O	1.2 NAME	
STREET ADDRESS	166 S GREENSTAR AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BAUMGARTEN, STEVE	2.2 NAME	
STREET ADDRESS	160 HOMEPLACE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MOHNEY, CATHY	3.2 NAME	
STREET ADDRESS	PO BOX 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	HYNEMAN, VICKIE	4.2 NAME	
STREET ADDRESS	180 HOMEPLACE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRANCH, HUGH	5.2 NAME	
STREET ADDRESS	2801 BACOM POINT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	SASSER, FAITH	6.2 NAME	
STREET ADDRESS	212 N BARFIELD HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Faith Sasser
2/14/97

CR2E037 (9/96)