

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709350 (3)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF PAHOKEE, INC.



Principal Place of Business INC. 491 EAST MAIN STREET PAHOKEE FL 33476	Mailing Address INC. 491 EAST MAIN STREET PAHOKEE FL 33476
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3. Date Incorporated or Qualified 07/23/1965
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2. Principal Place of Business 21 FIRST UNITED METHODIST CHURCH, INC. Suite, Apt. #, etc.	2a. Mailing Address 26
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

4. FEI Number 59-1280911	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, RALPH O. 678 EAST FIRST STREET PAHOKEE FL 33476	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPI, ROBERT O 166 S GREENSTAR AVE PAHOKEE, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGARTEN, STEVE BAUMGARTNER 160 HOMEPLACE COURT PAHOKEE, FL 33476 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHNEY, CATHY PO BOX 400 PAHOKEE, FL 00000 33476 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYNEMAN, VICKIE 180 HOMEPLACE COURT PAHOKEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, HUGH 2801 BACOM POINT ROAD PAHOKEE FL 33476 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SASSER, FAITH 212 N BARFIELD HWY PAHOKEE, FL 00000 33476 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Lampi, Robert O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 SW 28th St Villa #25 Okeechobee, FL 34974
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Baumgartner, Steve <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 Homeplace Court Pahokee, FL 33476
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Mohney, Cathy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13801 Hwy 441 SE, Lot 22 Okeechobee, FL 34972
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S John Norman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 501 / 320 Parkview Court Pahokee, FL 33476
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D B RANCH, HUBB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2101 Bacom Pt. Rd Pahokee, FL 33476
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TD SASSER, FAITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 212 N. Barfield Hwy Pahokee, FL 33476

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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2-20-98 (54)924-5631

CR2E037 (10/97)