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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 709350

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF PAHOKEE, INC.

Principal Place of Business
 FIRST UNITED METHODIST CHURCH, INC.
 491 E MAIN ST
 PAHOKEE FL 33476
 US

Mailing Address
 INC.
 491 EAST MAIN STREET
 PAHOKEE FL 33476

5 8 3 1 8 7 *
 503187-90108-49



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/23/1965
22	City & State	City & State	4. FEI Number
	Zip	Country	59-1280911
23	Country	Country	Applied For
	Country	Country	Not Applicable
24	Country	Country	5. Certificate of Status Desired
	Country	Country	<input type="checkbox"/> \$8.75 Additional Fee Required
	Country	Country	6. Election Campaign Financing
	Country	Country	<input type="checkbox"/> \$5.00 May Be Added to Fees

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 SASSER, FAITH	
SASSER, FAITH 1548 EAST MAIN ST. Pahokee, FL 33476		82 Street Address (P.O. Box Number is Not Acceptable) 1548 EAST MAIN ST.	
		83	
		84 City Pahokee, FL 85 Zip Code 33476	

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: *Faith Sasser* **Faith Sasser** DATE: 4/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPI, ROBERT O	1.2 NAME	
STREET ADDRESS	2201 SW 28TH ST VILLA #25	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTNER, STEVE	2.2 NAME	
STREET ADDRESS	160 HOMEPLACE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 33476	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHNEY, CATHY	3.2 NAME	
STREET ADDRESS	13901 HWY 441 SE LOT 22	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, JOHN	4.2 NAME	S Mills, Barbara
STREET ADDRESS	POB 501/320 PARKVIEW CT	4.3 STREET ADDRESS	2586 SW 14th
CITY-ST-ZIP	PAHOKEE FL 33476	4.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, HUGH	5.2 NAME	
STREET ADDRESS	2801 BACOM POINT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33746	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSER, FAITH	6.2 NAME	
STREET ADDRESS	212 N BARFIELD HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE, FL 00000 33476	6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Faith Sasser* **Faith Sasser** DATE: 4/9/99 (561) 924-7241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)