FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 17 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710190 (0)

1. Corporation Name
THE FIRST UNITED METHODIST CHURCH OF DOVER, INC.

Principal Place of Business	Mailing Address
MOORES LAKE RD AND METHODIST CHURCH RD ~~POST OFFICE BOX 14~~ 3310 Moores Lake Rd. DOVER FL 33527	MOORES LAKE RD AND METHODIST CHURCH RD POST OFFICE BOX 14 DOVER FL 33527

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1966
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2876019 ☐ 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 (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FAULKNER, FARRIS D.
~~2269 FRITZKE RD.~~
~~POST OFFICE BOX 183~~
DOVER FL 33527

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	FAULKNER, FARRIS	12 NAME	800001410468
STREET ADDRESS	P.O. BOX 183,NA	13 STREET ADDRESS	-02/20/95--01066--007
CITY-ST-ZIP	DOVER FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SWEAT, NELL	22 NAME	
STREET ADDRESS	P.O. BOX 22, NA	23 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	JORDAN, HAROLD	32 NAME	
STREET ADDRESS	POST OFFICE BOX 22, NA	33 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	GRANT, DAVID	42 NAME	
STREET ADDRESS	1911 JAUDON RD.	43 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GALE, DAVID	52 NAME	
STREET ADDRESS	933 SKYVIEW DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Farris D Faulkner 1 - 22 - 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6681741