

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
3310 MOORES LAKE RD.
DOVER FL 33527
MOORES LAKE RD AND METHODIST CHURCH RD
3310 MOORES LAKE RD. P.O. Box 14
DOVER FL 33527

3. Date Incorporated or Qualified 01/11/1966 3a. Date of Last Report 02/17/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 P.O. Box 14
22 City & State 27 Suite, Apt #, etc.
23 City & State 28 DOVER, FLA
24 Zip 25 Country 29 33527 30 Hills

9. Name and Address of Current Registered Agent

FAULKNER, FARRIS D.
2268 FRITZKE RD.
DOVER FL 33527

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 FARRIS D. FAULKNER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/11/96

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D FAULKNER, FARRIS | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 183, NA | 1.3 STREET ADDRESS | 2268 FRITZKE RD |
| CITY-ST-ZIP | DOVER FL | 1.4 CITY-ST-ZIP | DOVER, FL 33527 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D SWEAT, NELL | 2.2 NAME | D Bill Arnold |
| STREET ADDRESS | P.O. BOX 22, NA | 2.3 STREET ADDRESS | 521 N. LARRY Circle |
| CITY-ST-ZIP | DOVER FL | 2.4 CITY-ST-ZIP | BRANDON, FLA. 33511 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T JORDAN, HAROLD | 3.2 NAME | |
| STREET ADDRESS | POST OFFICE BOX 22, NA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DOVER FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TD GRANT, DAVID | 4.2 NAME | |
| STREET ADDRESS | 1211 WILSON RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DOVER FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D GALE, DAVID | 5.2 NAME | |
| STREET ADDRESS | 833 SKYVIEW DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/96

Date

813-986-4503

Daytime Phone #

0011472

CR2E037 (3/96)