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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33527MOORES LAKE RD AND METHODIST CHURCH RD
P O BOX 14
DOVER FL 33527-0014
US3. Date Incorporated or Qualified
01/11/19663a. Date of Last Report
07/17/1996

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

4. FEI Number
59-2876019Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FAULKNER, FARRIS
STREET ADDRESS P.O. BOX 183, NA
CITY - ST - ZIP DOVER FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME SWEAT, NELL
STREET ADDRESS P.O. BOX 22, NA
CITY - ST - ZIP DOVER FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE T ☐ DELETE
NAME JORDAN, HAROLD
STREET ADDRESS POST OFFICE BOX 22, NA
CITY - ST - ZIP DOVER FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME GRANT, DAVID
STREET ADDRESS 1911 JAUDON RD.
CITY - ST - ZIP DOVER FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME GALE, DAVID
STREET ADDRESS 933 SKYVIEW DRIVE
CITY - ST - ZIP BRANDON FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME GALE, DAVID
5.3 STREET ADDRESS 3422 Double JACK Place
5.4 CITY - ST - ZIP DOVER, FLA 33527TITLE D ☐ DELETE
NAME ARNOLD, BILL
STREET ADDRESS 521 N LARRY CIRCLE
CITY - ST - ZIP BRANDON FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FARRIS D. FAULKNER - 1-10-97 813-986-4505
Date Daytime Phone # 0045657

CR2E037 (9/96)