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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710190** (0)

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF DOVER, INC.



Principal Place of Business MOORES LAKE RD AND METHODIST CHURCH RD 3310 MOORES LAKE RD. DOVER FL 33527	Mailing Address MOORES LAKE RD AND METHODIST CHURCH RD P O BOX 14 DOVER FL 33527 US
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3. Date Incorporated or Qualified

01/11/1966

4. FEI Number

59-2876019

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 ☐ DELETE

TITLE	D
NAME	FAULKNER, FARRIS
STREET ADDRESS	P.O. BOX 183, NA (2268 Fritzke Rd)
CITY-ST-ZIP	DOVER FL 33527

TITLE	D
NAME	SWEAT, NELL
STREET ADDRESS	P.O. BOX 22, NA (3240 Wheeler St)
CITY-ST-ZIP	DOVER FL 33527

TITLE	T
NAME	JORDAN, HAROLD
STREET ADDRESS	POST OFFICE BOX 22, NA
CITY-ST-ZIP	DOVER FL 33527

TITLE	TD
NAME	GRANT, DAVID
STREET ADDRESS	1911 JAUDON RD.
CITY-ST-ZIP	DOVER FL 33527

TITLE	D
NAME	GALE, DAVID
STREET ADDRESS	3422 DOUBLE JACK PL
CITY-ST-ZIP	DOVER FL 33527

TITLE	D
NAME	ARNOLD, BILL
STREET ADDRESS	521 N LARRY CIRCLE
CITY-ST-ZIP	BRANDON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE	T
1.2 NAME	Marty Sewell
1.3 STREET ADDRESS	2565 Al Simmons Rd
1.4 CITY-ST-ZIP	Dover, Fla 33527

2.1 TITLE	T
2.2 NAME	William MacDonald (2781 Oak Hill)
2.3 STREET ADDRESS	P.O. Box 446 NA (Village Circle)
2.4 CITY-ST-ZIP	Valrico, Fla 33595

3.1 TITLE	T
3.2 NAME	Harry Hughes
3.3 STREET ADDRESS	14311 Wooten Road
3.4 CITY-ST-ZIP	Dover, Fla 33527

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Farris D. Faulkner**

Feb 3, 1998 813 986 4505

CP2E037 (10/97)