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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
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAULKNER, FARRIS	1.2 NAME	Marty Sewell
STREET ADDRESS	P.O. BOX 183, NA (2268 Fritzke Rd)	1.3 STREET ADDRESS	2565 Al Simmons Rd
CITY-ST-ZIP	DOVER FL 33527	1.4 CITY-ST-ZIP	Dover, Fla 33527
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEAT, NELL	2.2 NAME	William MacDonald (2781 Oak Hill)
STREET ADDRESS	P.O. BOX 22, NA (3240 Wheeler St)	2.3 STREET ADDRESS	P.O. Box 446 NA (Village Circle)
CITY-ST-ZIP	DOVER FL 33527	2.4 CITY-ST-ZIP	Valrico, Fla 33595
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, HAROLD	3.2 NAME	Harry Hughes
STREET ADDRESS	POST OFFICE BOX 22, NA	3.3 STREET ADDRESS	14311 Wooten Road
CITY-ST-ZIP	DOVER FL 33527	3.4 CITY-ST-ZIP	Dover, Fla 33527
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, DAVID	4.2 NAME	
STREET ADDRESS	1811 JAUDON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALE, DAVID	5.2 NAME	
STREET ADDRESS	3422 DOUBLE JACK PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, BILL	6.2 NAME	
STREET ADDRESS	521 N LARRY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	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(9)(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** *Farris D. Faulkner* Feb 3, 1998 813 986 4505

CP2E037 (10/97)