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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90108 041 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710190**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/11/1966

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

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

David Gale

82 Street Address (P.O. Box Number is Not Acceptable)

3422 Double Jack Place

83

Dover, Florida 33527

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 DAVE GALE - Dave Gale

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **FAULKNER, FARRIS**  
STREET ADDRESS **2268 FRITZKE RD**  
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

NAME **D SWEAT, NELL**  
STREET ADDRESS **3240 WHEELER ST**  
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

NAME **T SEWELL, MARTY**  
STREET ADDRESS **2565 AL SIMMONS RD**  
CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **T MACDONALD, WILLIAM**  
STREET ADDRESS **PO BOX 446 N/A**  
CITY-ST-ZIP **VALRICO FL 33595**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **T**  
1.3 STREET ADDRESS **Michael F. Faulkner**  
1.4 CITY-ST-ZIP **2268 Fritzke Road, Dover, Fla 33527**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

DAVE GALE - Dave Gale 659-1107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)