

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710309 (6)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.



Principal Place of Business: 221 WEST NOBLE AVENUE BUSHNELL FL 33513
Mailing Address: 221 WEST NOBLE AVENUE BUSHNELL FL 33513

3. Date Incorporated or Qualified: 02/04/1966
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-2341201
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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
HENDERSON, JAMES
~~RT. 0, BOX 262 B~~
BUSHNELL FL 33513

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): 4938 S US 301
83.
84. City
85. Zip Code: FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HENDERSON, JAMES 4938 S US 301 BUSHNELL FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S MARSHALL, CAROL 719 CR 312 BUSHNELL FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T BRYAN, TOM BOX 122 N/A BUSHNELL FL 33513	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MARSHALL, JON 719 CR 312 BUSHNELL FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PETERSON, TOM 6668 CR 625 BUSHNELL FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD ARNOLD, ESTON 503 NORTH WEST ST BUSHNELL FL	6.1 TITLE	<input checked="" 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	

7.1 TITLE	S RICKLES, SUSAN 8061 CR 623 Bushnell FL 33513	7.2 NAME		7.3 STREET ADDRESS		7.4 CITY-ST-ZIP	
8.1 TITLE	T PETERSON, THOMAS & JACQUELINE 6668 CR 625 BUSHNELL, FL 33513	8.2 NAME		8.3 STREET ADDRESS		8.4 CITY-ST-ZIP	
9.1 TITLE	D WADE, GLENN 5653 CR 6345 BUSHNELL, FL 33513	9.2 NAME		9.3 STREET ADDRESS		9.4 CITY-ST-ZIP	
10.1 TITLE	D WELL, MARJORIE 3983 CR 567 BUSHNELL FL 33513	10.2 NAME		10.3 STREET ADDRESS		10.4 CITY-ST-ZIP	
11.1 TITLE	TD DORNEY, WAYNE 6967 CR 609A BUSHNELL FL 33513	11.2 NAME		11.3 STREET ADDRESS		11.4 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: James C Henderson 1/24/96 (352) 793-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)