

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 252-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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4938 S US 301	1.2 NAME	
STREET ADDRESS	BUSHNELL FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	S MARSHALL, CAROL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	719 CR 312	2.2 NAME	
STREET ADDRESS	BUSHNELL FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	T BRYAN, TOM	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOX 122 N/A	3.2 NAME	
STREET ADDRESS	BUSHNELL FL 33513	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	D MARSHALL, JON	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	719 CR 312	4.2 NAME	
STREET ADDRESS	BUSHNELL FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	D PETERSON, TOM	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6668 CR 625	5.2 NAME	
STREET ADDRESS	BUSHNELL FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	TD ARNOLD, ESTON	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	503 NORTH WEST ST	6.2 NAME	
STREET ADDRESS	BUSHNELL FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S RICKLES, SUSAN
2.3 STREET ADDRESS	8061 CR 623
2.4 CITY-ST-ZIP	Bushnell FL 33513
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T PETERSON, THOMAS & JACQUELINE
3.3 STREET ADDRESS	6668 CR 625 BUSHNELL, FL 33513
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D WADE, GLENN
4.3 STREET ADDRESS	5653 CR 6345
4.4 CITY-ST-ZIP	BUSHNELL, FL 33513
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D WELL, MARJORIE
5.3 STREET ADDRESS	3983 CR 567
5.4 CITY-ST-ZIP	BUSHNELL FL 33513
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD DORNEY, WAYNE
6.3 STREET ADDRESS	6967 CR 609A
6.4 CITY-ST-ZIP	BUSHNELL FL 33513

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)