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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
221 WEST NOBLE AVENUE BUSHNELL FL 33513
221 WEST NOBLE AVENUE BUSHNELL FL 33513-5417

3. Date Incorporated or Qualified 02/04/1966
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc. 26. Suite, Apt #, etc.
22. City & State 27. City & State
23. Zip 24. Country 25. Zip 29. Country 30. Country
4. FEI Number 59-2341201 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HENDERSON, JAMES
4938 SOUTH US 301
BUSHNELL FL 33513
10. Name and Address of New Registered Agent
81 Name WELLS, DELOUIE
82 Street Address (P.O. Box Number is Not Acceptable) 3983 COUNTY RD 567
83
84 City BUSHNELL FL 85 Zip Code 33513

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 DeLouie Wells DATE 1-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	HENDERSON, JAMES	1.1 TITLE P	WELLS, DELOUIE
NAME		1.2 NAME	
STREET ADDRESS	4938 S US 301	1.3 STREET ADDRESS	3983 COUNTY ROAD 567
CITY-ST-ZIP	BUSHNELL FL	1.4 CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE S	RICKLES, SUSAN	2.1 TITLE S	RICKLES, SUSAN
NAME		2.2 NAME	
STREET ADDRESS	8061 CIRCLE 623	2.3 STREET ADDRESS	5152 CONROY RD
CITY-ST-ZIP	BUSHNELL FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32811
TITLE T	PETERSON, THOMAS & JACQU	3.1 TITLE T	PETERSON, THOMAS & JACQUELINE
NAME		3.2 NAME	
STREET ADDRESS	6688 CIRCLE 625	3.3 STREET ADDRESS	6668 COUNTY ROAD 625
CITY-ST-ZIP	BUSHNELL FL	3.4 CITY-ST-ZIP	BUSHNELL FL 33513
TITLE D	WADE, GLENN	4.1 TITLE D	RICKLES, DOUGLAS
NAME		4.2 NAME	
STREET ADDRESS	5653 CIRCLE 6345	4.3 STREET ADDRESS	8057 COUNTY RD 623
CITY-ST-ZIP	BUSHNELL FL	4.4 CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE D	WELL, MARJORIE	5.1 TITLE D	WELLS, MARJORIE
NAME		5.2 NAME	
STREET ADDRESS	3983 CIRCLE 567	5.3 STREET ADDRESS	3983 COUNTY ROAD 567
CITY-ST-ZIP	BUSHNELL FL	5.4 CITY-ST-ZIP	BUSHNELL FL 33513
TITLE TD	DORNEY, WAYNE	6.1 TITLE TR	SCHARCH, CHARLES
NAME		6.2 NAME	
STREET ADDRESS	6967 CIRCLE 609A	6.3 STREET ADDRESS	PO BOX 2185 (8055 COUNTY ROAD 674)
CITY-ST-ZIP	BUSHNELL FL	6.4 CITY-ST-ZIP	BUSHNELL, FL 33513

14. I do 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: DeLouie Wells DATE REQUIRED DeLouie Wells 352-793-6215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/28/97 Daytime Phone # 0045545

CR2E037 (9/96)