

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710309 (6)  
1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.**



Principal Place of Business <b>221 WEST NOBLE AVENUE BUSHNELL FL 33513</b>	Mailing Address <b>221 WEST NOBLE AVENUE BUSHNELL FL 33513</b>
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3. Date Incorporated or Qualified <b>02/04/1966</b>	
4. FEI Number <b>59-2341201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**WELLS, DELOUIE  
3983 COUNTY RD 567  
BUSHNELL FL 33513**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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.

January 23, 1998

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, DELOUIE</b>	1.2 NAME	
STREET ADDRESS	<b>3983 COUNTY ROAD 567</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICKLES, SUSAN</b>	2.2 NAME	
STREET ADDRESS	<b>5152 CONROY RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSON, THOMAS &amp; JACQU</b>	3.2 NAME	
STREET ADDRESS	<b>6668 COUNTY ROAD 625</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICKLES, DOUGLAS</b>	4.2 NAME	
STREET ADDRESS	<b>8057 COUNTY ROAD 623</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELL, MARJORIE</b>	5.2 NAME	
STREET ADDRESS	<b>3983 CIRCLE 567</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHARCH, CHARLES</b>	6.2 NAME	
STREET ADDRESS	<b>P.O BOX 2185, (8055 COUNTY ROAD 674)</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	6.4 CITY-ST-ZIP	
		<b>TR</b>	
		<b>LAMBOURNE, JOHN</b>	
		<b>222 N BROAD ST</b>	
		<b>BUSHNELL FL 33513</b>	

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.

SIGNATURE: DeLouie Wells *DeLouie Wells* January 23, 1998 352-793-6215

CR2E037 (10/97)