## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

**DOCUMENT-# 710309** 

## FIRST UNITED METHODIST CHURCH OF BUSHNELL, INC.

## **FILED** Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90027 039 \*\*\*\*61.25

, ,,,,,,,									
Principal Place of Business Mailing Address  221 WEST NOBLE AVENUE  BUSHNELL FL 33513  Mailing Address  221 WEST NOBLE AVENUE  BUSHNELL FL 33513									
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Quali	ed			
21		26			02/04/1966		17.	P. 4 5	
Suite, Apt. #, etc.					59-2341201			olied For Applicable	
27     27							\$8.75 A		
23					5. Certifcate of Status Desired	ı . 🗆 _	Fee Re		
Zip	Country		ountry	'	6. Election Campaign Financi	ng 🗍	\$5.00	May Be	
24	25	29 30			Trust Fund Contribution		Added to	o Fees	
	9. Name and Address of Current	t Registered Agent	1		10. Name and Address of Ne	w Registered	Agent	<del> </del>	
			81	Name				•	
WELLS, DELOUIE				Street /	ddress (P.O. Box Number is Not Acceptable)				
3983 COUNTY RD 567			92						
BUSHNELL FL 33513			83	1			,		
			84	City		Fl	85 Zip C	ode	
agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligated Signature, typed or printed name of registered agent.	t and title if applicable. (NOTE: Registr	latutes	·.	oration's board of directors. I hereby a equired when reinstating)  ADDITIONS/CHANGES TO	DATE			
12.	OFFICERS ANI	D DIRECTORS	TITLE	<del></del>	7.22776116761741626 10		Change	Addition	
TITLE   NAME	WELLS, DELOUIE		NAME					—	
STREET ADDRESS	Anna Antonio marine			TADDRESS		•	•		
CiTY-ST-ZIP	BUSHNELL FL	1.	4 City-S	T-ZIP					
TITLE	S	X DELETE 2.1 TI			S		Change	Addition	
NAME	RICKLES, SUSAN	////	2 NAME		WISER, Marilyn	•			
STREET ADDRESS	# 4 F O O N O O V D D	2.	3 STREE	TADORESS	2650 CR 564				
CITY-ST-ZIP					Bushnell FL 33513				
TITLE	T DELETE 3.1		1 TITLE		, = =====		Change	☐ Addition	
NAME	LILIOON, IIIOMAC & GAOGE		2 NAME						
STREET ADDRESS	0000 0001117 110715 020		3 STREE	TADDRESS					
CiTY-ST-ZIP	P7		34. CITY-ST-ZIP				Change	Addition	
TITLE	D DOLLO BOLLO AS						□ cusuds	[_] \(\text{\text{dought}}\)	
NAME	RICKLES, DOUGLAS		2 NAME	* 4000000					
STREET ADORESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE			<del></del>	Change	Addition	
TITLE	D WELL MAD IODIE		2 NAME			٠	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		
NAME STREET ADDRESS	WELL, MARJORIE   3983 CIRCLE 567	1		TADDRESS					
CITY-ST-ZIP	BUSHNELL FL	4	4 CITY- 9					-	
TITLE	TR	IOOTINEEL I'E					☐ Change	Addition	
	1111		2 NAME						

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

222 N BROAD ST

**BUSHNELL FL 33513**