

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
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DOCUMENT # **711227** (9)

1. Corporation Name

THE FLORIDA UNITED METHODIST FOUNDATION, INC.

Principal Place of Business

**1140 E. McDONALD STREET
LAKELAND FL 33801**

Mailing Address

**PO BOX 70
LAKELAND FL 33802
US**



3. Date Incorporated or Qualified

07/19/1966

3a. Date of Last Report

04/05/1995

4. FBI Number

59-1148710

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMB, PAULA N.
1140 E. McDONALD STREET
LAKELAND FL 33801**

81 Name

Nance, Paula M.

82 Street Address (P.O. Box Number is Not Acceptable)

1140 E. McDonald Street

83

84 City

Lakeland

FL

85 Zip Code

33801

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

Paula M. Nance

Paula M. Nance, Treasurer

3/5/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BAKER, BRUCE A**
STREET ADDRESS **4611 SW 164 TERR**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GLISSON, LOUISE**
STREET ADDRESS **711 SPRINGER DRIVE, #11**
CITY-ST-ZIP **LAKE WALES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **LAMB, PAULA N.**
STREET ADDRESS **5653 SOUTH BROOK DR.**
CITY-ST-ZIP **LAKELAND, FL 00000**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Nance, Paula M.**
3.3 STREET ADDRESS **5653 Southbrook Dr.**
3.4 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **D** ☐ DELETE
NAME **BERES, STEVEN D**
STREET ADDRESS **555 COLORADO AVE**
CITY-ST-ZIP **STUART FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BISHOP, DONALD E JR**
STREET ADDRESS **410 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **S/D Bishop, Donald E., Jr.**
5.3 STREET ADDRESS **11105 35th Court E.**
5.4 CITY-ST-ZIP **Parrish, FL 34219**

TITLE **D** ☐ DELETE
NAME **CROSS, J W**
STREET ADDRESS **3200 MANATEE AVE W**
CITY-ST-ZIP **BRADENTON FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D Cross, J. Walter**
6.3 STREET ADDRESS **P. O. Box 7428 N/A**
6.4 CITY-ST-ZIP **Naples, FL 33941**

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:

Paula M. Nance

Paula M. Nance, Treasurer

(941) 688-5563 x 122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #

CR2E037 (12/95)

Names of additional officers or directors:

D	BATMAN, David	15647 Turkey Farm Road Clermont, FL 34711
D	GOSS, Theresa C.	1201 Macrae Ave. Clearwater, FL 34615
D	HINTZMAN, Morris E.	2001 N. Florida Ave. Tampa, FL 33602
D	HOLMES, Alan J.	228 S. Commerce Ave. Sebring, FL 33870
V/D	KINDER, Charles E.	1431 13th Street Clermont, FL 34711
D	MANN, Robert E.	P. O. Box 907 N/A Tarpon Springs, FL 34688
D	REAMS, Hugh E.	P. O. Box 3542 St. Petersburg, FL 33731
V/D	RUSH, Randolph J.	250 Park Ave., S. 5th Floor Winter Park, FL 32789
D	WITTEN, W. Dean	2125 E. South St. Orlando, FL 32803
E	MARSTON, Thomas W.	1140 E. McDonald St. Lakeland, FL 33801
AT	BERRY, Beverley C.	1140 E. McDonald St. Lakeland, FL 33801
AS	DONNELL, Ruth E.	1140 E. McDonald St. Lakeland, FL 33801

NOTE: E = Executive Director
 AT = Assistant Treasurer
 AS = Assistant Secretary