4-1995 B-30823

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711720 (3)

1. Corporation Name

COMMUNITY UNITED METHODIST CHURCH OF HOLIDAY, IN C.

Principal Place of Business	Mailing Address
3214 U.S. HIGHWAY 19 HOLIDAY FL 34691	3214 U.S. HIGHWAY 19 HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1966
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1205636 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RICHARDSON, DON
3214 US HIGHWAY 19
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~T~~	1.1 TITLE	TR	☐ Change ☒ Addition
NAME	~~MOORE, ANN W~~	1.2 NAME	MARRS, Barbara	
STREET ADDRESS	~~4043 SCARLET MAPLE~~	1.3 STREET ADDRESS	4029 Lange Road	
CITY-ST-ZIP	~~HOLIDAY FL~~	1.4 CITY-ST-ZIP	Buena Vista, Holiday, FL 34691	
TITLE	~~TR~~	2.1 TITLE	TR	☐ Change ☒ Addition
NAME	~~NORTON, G W~~	2.2 NAME	CROUSE, Albert R.	
STREET ADDRESS	~~5540 FOGTWO DR~~	2.3 STREET ADDRESS	4928 Darlington Road	
CITY-ST-ZIP	~~HOLIDAY FL~~	2.4 CITY-ST-ZIP	Holiday, FL 34690	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, MIKE	3.2 NAME		
STREET ADDRESS	5119 MILE STRETCH DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP		
TITLE	~~J~~	4.1 TITLE	TR	☐ Change ☒ Addition
NAME	~~ESCH, MARY~~	4.2 NAME	ROSSER, Richard	
STREET ADDRESS	~~3019 HENDRIX ST~~	4.3 STREET ADDRESS	3802 Latimer Street	
CITY-ST-ZIP	~~NEW PORT RICHEY FL~~	4.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	~~TR~~	5.1 TITLE	TR/C	☐ Change ☒ Addition
NAME	~~LANDEFELD, AIMEE~~	5.2 NAME	WRIGLEY, Fred	
STREET ADDRESS	~~4439 JAMBALANA DR~~	5.3 STREET ADDRESS	6237 Appomattox Drive	
CITY-ST-ZIP	~~HOLIDAY FL 34691~~	5.4 CITY-ST-ZIP	Holiday, FL 34690	
TITLE	T	6.1 TITLE	TR/Honorary Member	☒ Change ☐ Addition
NAME	BARKLEY, MERRILL	6.2 NAME		
STREET ADDRESS	4007 ASHLEY CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34691	6.4 CITY-ST-ZIP		

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.

(P13)

SIGNATURE: Fredrick G Wrigley 4-16-95 727-3168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6066480

711720

ADDITIONAL OFFICERS LISTING

TR
MOORE, James
4043 Scarlet Maple Drive
Melody Manor
Holiday, FL 34691

TR
MORROW, Mildred
5943 1st Avenue
Holiday Garden Estates
New Port Richey, FL 34652

TR/S
NORTON, Mary
3424 Bahia Avenue
Colonial Hills
Holiday, FL 34690

TR
WILDERMUTH, John
4613 Weasel Drive
Park Lake Estates
New Port Richey, FL 34653