

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:01

DOCUMENT # 713358 (0)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF PINE HILLS, INC

Principal Place of Business Mailing Address
1400 NOWELL ST ORLANDO FL 32808 **1400 NOWELL ST ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1967** 3a. Date of Last Report **07/12/1994**
4. FEI Number **59-0855401** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MUHLBAIER, EDWARD
674 WALKUP DR.
ORLANDO FL 32808

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|
| TITLE | DP |
| NAME | MUHLBAIER, EDWARD |
| STREET ADDRESS | 674 WALKUP DR. |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | S |
| NAME | WILLIAMS, MARIE |
| STREET ADDRESS | 6520 ARUNDEL DRIVE |
| CITY - ST - ZIP | ORLANDO FL 32818 |
| TITLE | T |
| NAME | SMITH, PHYLLIS |
| STREET ADDRESS | 2127 ASHLAND BLVD. |
| CITY - ST - ZIP | ORLANDO FL 32808 |
| TITLE | D |
| NAME | LACKEY, HARRY |
| STREET ADDRESS | 1419 PINE HILLS RD. |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | D |
| NAME | VENABLE, GLEN |
| STREET ADDRESS | 6407 LAUREN CT. |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | D |
| NAME | MONTEL, FRANK |
| STREET ADDRESS | 3686 CHALET CT. |
| CITY - ST - ZIP | ORLANDO FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D SWIFT, BUD |
| 5.3 STREET ADDRESS | 1027 FERDELL RD. |
| 5.4 CITY - ST - ZIP | ORLANDO FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 110.07(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: **Phyllis J. Smith** *Phyllis J. Smith* 3-10-95 407-293-0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE Date (Typed Form 8)