

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **09/21/1967** 3a. Date of Last Report **04/03/1995**  
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**  
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 24 Country 28 Zip 29 Country 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 **MONTEL, FRANK**  
82 Street Address (P.O. Box Number is Not Acceptable) **3689 CHALET CT.**  
83  
84 City **ORLANDO** FL 85 Zip Code **32818**

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: *Frank Montel* 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUHLBAIER, EDWARD	1.2 NAME	MUHLBAIER, EDWARD
STREET ADDRESS	674 WALKUP DR.	1.3 STREET ADDRESS	674 WALKUP DR.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARIE	2.2 NAME	RICHARD TUFTS
STREET ADDRESS	6520 ARUNDEL DRIVE	2.3 STREET ADDRESS	4730 CARMEL STREET
CITY-ST-ZIP	ORLANDO FL 32818	2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32808
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PHYLLIS	3.2 NAME	VIRGINIA MANWILLER
STREET ADDRESS	2127 ASHLAND BLVD.	3.3 STREET ADDRESS	1099 CLAY STREET #1403
CITY-ST-ZIP	ORLANDO FL 32808	3.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACKEY, HARRY	4.2 NAME	
STREET ADDRESS	1419 PINE HILLS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, BUD	5.2 NAME	
STREET ADDRESS	1027 FERNEDELL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEL, FRANK	6.2 NAME	MONTEL, FRANK
STREET ADDRESS	3689 CHALET CT.	6.3 STREET ADDRESS	3689 CHALET CT.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO, FL 32818

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: *Frank Montel* DATE: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)