

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|---|--|
| Principal Place of Business 1400 NOWELL ST ORLANDO FL 32808 | Mailing Address 1400 NOWELL ST ORLANDO FL 32808-6937 |
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|--|--|
| 3. Date Incorporated or Qualified 09/21/1967 | 3a. Date of Last Report 03/12/1996 |
|--|--|

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Zip | 25. Country |
| 29. Zip | 30. Country |

| | |
|--|--|
| 4. FEI Number 59-0855401 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MONTEL, FRANK
 3689 CHALET COURT
 ORLANDO FL 32818**

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name Edward Muhlbaier |
| 82. Street Address (P.O. Box Number is Not Acceptable) 674 Walkup Drive |
| 83. City Orlando |
| 84. State FL |
| 85. Zip Code 32808 |

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: *Edward Muhlbaier* **President / Chairman of Trustees** **4/23/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS | |
|---|-------------------------------|
| TITLE <input type="checkbox"/> DELETE | D |
| NAME | MUHLBAIER, EDWARD |
| STREET ADDRESS | 674 WALKUP DR. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE <input type="checkbox"/> DELETE | D |
| NAME | TUFTS, RICHARD |
| STREET ADDRESS | 4730 CARMEL STREET |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE <input type="checkbox"/> DELETE | T |
| NAME | MANWILLER, VIRGINIA |
| STREET ADDRESS | 1099 CLAY STREET #1403 |
| CITY-ST-ZIP | WINTER PARK FL |
| TITLE <input checked="" type="checkbox"/> DELETE | D |
| NAME | LACKEY, HARRY |
| STREET ADDRESS | 1419 PINE HILLS RD. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE <input type="checkbox"/> DELETE | D |
| NAME | SWIFT, BUD |
| STREET ADDRESS | 1027 FERNDILL RD. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE <input checked="" type="checkbox"/> DELETE | DP |
| NAME | MONTEL, FRANK |
| STREET ADDRESS | 3689 CHALET CIRCLE |
| CITY-ST-ZIP | ORLANDO FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|----------------------------|
| 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | P |
| 1.2 NAME | MUHLBAIER, EDWARD |
| 1.3 STREET ADDRESS | 674 WALKUP DRIVE |
| 1.4 CITY-ST-ZIP | ORLANDO, FL 32808 |
| 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 checked="" type="checkbox"/> Addition | D |
| 4.2 NAME | MATHEWS, OLIVEE |
| 4.3 STREET ADDRESS | 1101 HIAWASSEE ROAD |
| 4.4 CITY-ST-ZIP | ORLANDO, FL 32818 |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D |
| 6.2 NAME | HOLCOMB, KENNETH |
| 6.3 STREET ADDRESS | 6303 JENNINGS ROAD |
| 6.4 CITY-ST-ZIP | ORLANDO, FL 32818 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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.

SIGNATURE: *Edward Muhlbaier* **REQUIRED** **4/23/97** **(407) 293-0545**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0018942

CR2E037 (9/96)