

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

**FILED**

**May 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713358 (0)**

1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF PINE HILLS, INC**

Principal Place of Business <b>1400 NOWELL ST ORLANDO FL 32808</b>	Mailing Address <b>1400 NOWELL ST ORLANDO FL 32808</b>
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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	29
25	30

3. Date Incorporated or Qualified <b>09/21/1967</b>		
4. FEI Number <b>59-0855401</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MUHLBAIER, EDWARD  
674 WALKUP DRIVE  
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	85 Zip Code

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 \_\_\_\_\_ 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUHLBAIER, EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>674 WALKUP DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TUFTS, RICHARD</b>	2.2 NAME	<b>D</b>
STREET ADDRESS	<b>4730 CARMEL STREET</b>	2.3 STREET ADDRESS	<b>CLARKE, RAE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>6324 WYNGLOW LANE ORLANDO, FL 32818</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANWILLER, VIRGINIA</b>	3.2 NAME	
STREET ADDRESS	<b>1099 CLAY STREET #1403</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHEWS, OLIWEE</b>	4.2 NAME	
STREET ADDRESS	<b>1101 HIAWASSEE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWIFT, BUD</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>1027 FERNDILL RD.</b>	5.3 STREET ADDRESS	<b>JOHNSON, ALAN</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>8441 ROSE GROVES ROAD ORLANDO, FL 32818</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLCOMB, KENNETH</b>	6.2 NAME	
STREET ADDRESS	<b>6303 JENNINGS RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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*

CP2E037 (10/97)