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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713358

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF PINE HILLS, INC

5 1 2 5 9 3

Principal Place of Business

1400 NOWELL ST  
ORLANDO FL 32808

Mailing Address

1400 NOWELL ST  
ORLANDO FL 32808



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

09/21/1967

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-0855401

Applied For  
Not Applicable

City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUHLBAIER, EDWARD  
674 WALKUP DRIVE  
ORLANDO FL 32808

81 Name Oli Mathews

82 Street Address (P.O. Box Number is Not Acceptable)  
1101 HIAWASSEE ROAD

83 Orlando, FL 32818

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 *Oli Mathews*

Signature, typed or printed name of registered agent and his if applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME MUHLBAIER, EDWARD  
STREET ADDRESS 674 WALKUP DR.  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE P  Change  Addition  
1.2 NAME MATHEWS, OLIVEE  
1.3 STREET ADDRESS 1101 HIAWASSEE ROAD  
1.4 CITY-ST-ZIP ORLANDO, FL 32818

TITLE D  DELETE  
NAME CLARKE, RAE  
STREET ADDRESS 6324 WYNGLOW LANE  
CITY-ST-ZIP ORLANDO FL 32818

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME MANWILLER, VIRGINIA  
STREET ADDRESS 1099 CLAY STREET #1403  
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME MATHEWS, OLIVEE  
STREET ADDRESS 1101 HIAWASSEE RD  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE D  Change  Addition  
4.2 NAME LACKEY, HARRY  
4.3 STREET ADDRESS 1419 PINE HILLS ROAD  
4.4 CITY-ST-ZIP ORLANDO, FL 32808

TITLE D  DELETE  
NAME JOHNSON, ALAN  
STREET ADDRESS 8441 ROSE GROVES RD  
CITY-ST-ZIP ORLANDO FL 32818

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME HOLCOMB, KENNETH  
STREET ADDRESS 6303 JENNINGS RD  
CITY-ST-ZIP ORLANDO FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Oli Mathews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-29-99 Daytime Phone # 792-0545

CR2E037 (1/98)