(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

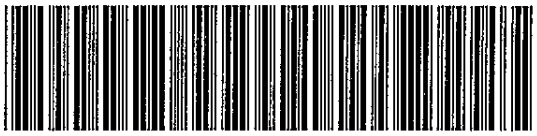
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200037714642

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT #713758 (1)

FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, INC.
110 S. PENN AVE
P.O. BOX 1227
LAKE ALFRED FL 33850-2732

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 12/07/1967

3a. Date of Last Report 02/25/1991

4. FEI Number 71-3758631

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4
1 / 1x	V/P/D	ROSZAS, DOLORES	6201 HWY 17-92 W.	HAINES CITY, FL
2 / 2x	P/D	~~STEVENSON, JESSE~~	~~310 E. HOFFMAN ST.~~	~~LAKE ALFRED, FL~~
3 / 3x	S/D	HARRISON, SANDRA	310 BOLENDER RD.	AUBURNDALE, FL
4 / 4x	T/D	COX, CAROLE	215 S. ILAKEE	LAKE ALFRED, FL
5 / 5x				
6	P/D	Dawson, Joseph	360 S. Rochelle Ave.	Lake Alfred, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

COX, CAROLE
215 S ILAKEE ST.
LAKE ALFRED,FL. 33850

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL.

85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this change 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 (Registered Agent Accepting Appointment) DATE 6-17-92

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes ☐ No ✓ (See other side for information on intangible tax.)

11. I certify that the information [illegible] the [illegible] report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 617, Florida Statutes, [illegible] my name appears in Block 6 or on an attachment with an address.

SIGNATURE DATE

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
Joe Dawson	President/Director	(813) 956-1630

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee ☐