

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:21

DOCUMENT # 714263 (1)

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF DELTONA, IN
CORPORATED

Principal Place of Business

1045 E. NORMANDY BLVD.
DELTONA FL 32725

Mailing Address

1045 E. NORMANDY BLVD.
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1968

3a. Date of Last Report

07/20/1994

4. FEI Number

59-1308695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental

Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VOUGH LAURENCE SR (LARRY)
260 ABBEYVILLE ST
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

Marvin Wagner

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

1062 Galgano Ave

83

84 City

Deltona

FL

85 Zip Code

32725

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Marvin Wagner

(NOTE: Registered Agent signature required when reinstating)

2-6-95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KNESEL BARBARA

STREET ADDRESS

1141 ADIRONDACK ST.

CITY - ST - ZIP

DELTONA FL 32725

TITLE

D

NAME

WELLS FRED

STREET ADDRESS

899 ABBY TERRACE

CITY - ST - ZIP

DELTONA FL 32725

TITLE

D

NAME

TRINKL CHARLES

STREET ADDRESS

1065 PORTLAND ST.

CITY - ST - ZIP

DELTONA FL 32725

TITLE

DVC

NAME

GIBBS JEFF

STREET ADDRESS

582 MC NEAL DR.,

CITY - ST - ZIP

DELTONA FL 32725

TITLE

DC

NAME

VOUGH, LAWRENCE S (LARRY)

STREET ADDRESS

260 ABBEYVILLE ST

CITY - ST - ZIP

DELTONA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Ann Benway

☒

Change

☐

Addition

2.2 NAME

1903 Algonquin Ave

2.3 STREET ADDRESS

Deltona, FL 32725

2.4 CITY - ST - ZIP

3.1 TITLE

Terri Wiggins

☒

Change

☐

Addition

3.2 NAME

2035 Everest St.

3.3 STREET ADDRESS

Deltona, FL 32738

3.4 CITY - ST - ZIP

4.1 TITLE

Rachel Sterrett, DVC

☒

Change

☐

Addition

4.2 NAME

2880 Earlshire Ct.

4.3 STREET ADDRESS

Deltona, FL 32738

4.4 CITY - ST - ZIP

5.1 TITLE

Marvin Wagner

☒

Change

☐

Addition

5.2 NAME

1062 Galgano Ave

5.3 STREET ADDRESS

Deltona, FL 32725

5.4 CITY - ST - ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marvin Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95

Date

407-574-3538

Typed Name