

3-11-98 B 3677 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3. Date Incorporated or Qualified 03/18/1968	
				4. FEI Number 59-1308695	
				Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22. City & State		27. City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. Zip		28. Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country		29. Country		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BUCKMASTER, BARBARA 1045 E. NORMANDY BLVD DELTONA FL 32725				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	

FL

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 *Barbara Buckmaster*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, RAYMOND	1.2 NAME	
STREET ADDRESS	479 SUNBURST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, ALLAN	2.2 NAME	
STREET ADDRESS	155 POINCIANA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, TERRI	3.2 NAME	
STREET ADDRESS	2035 EVEREST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERRETT, RACHEL	4.2 NAME	DVC
STREET ADDRESS	2880 EARLSHIRE CT	4.3 STREET ADDRESS	Alan T. Goff
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	558 Apollo Ave.
TITLE	DVC <input type="checkbox"/> DELETE	5.1 TITLE	Deltona, FL 32725
NAME	VOUGH SR., LAURENCE J.	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	260 ABBEYVILLE STREET	5.3 STREET ADDRESS	DC
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	Laurence J. Vough Sr.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	same address
NAME	OTTINGER, GINGER	6.2 NAME	
STREET ADDRESS	1118 ROSETTA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	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:

Laurence J. Vough Sr.

2/25/98 (407)
574-2282

CR2037 (10/97)