

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90052 006 \*\*\*\*61.25

0013572

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 714263

1. Corporation Name  
**THE FIRST UNITED METHODIST CHURCH OF DELTONA, INC  
 CORPORATED**

Principal Place of Business Mailing Address  
 1045 E. NORMANDY BLVD. 1045 E. NORMANDY BLVD.  
 DELTONA FL 32725 DELTONA FL 32725



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/18/1968	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-1308695	
24	Country	29	Country	Applied For	
25	Country	30	Country	Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired. <input type="checkbox"/>	
BUCKMASTER, BARBARA				\$8.75 Additional Fee Required	
1045 E. NORMANDY BLVD.				6. Election Campaign Financing <input type="checkbox"/>	
DELTONA FL 32725				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUCKMASTER, BARBARA				81 Name			
1045 E. NORMANDY BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
DELTONA FL 32725				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 \_\_\_\_\_ 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	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVIN, RAYMOND		1.2 NAME	Robert Simonds	
STREET ADDRESS	479 SUNBURST STREET		1.3 STREET ADDRESS	1659 Urbana Ave.	
CITY-ST-ZIP	DELTONA FL		1.4 CITY-ST-ZIP	Deltona, Fl. 32725	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, ALLAN		2.2 NAME	David Andrews, Jr.	
STREET ADDRESS	155 POINCIANA LANE		2.3 STREET ADDRESS	3430 Spring Run	
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP	Deltona, Fl. 32738	
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	DVC	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, ALAN T		4.2 NAME		
STREET ADDRESS	558 APOLLO AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		4.4 CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOUGH, LAURENCE J SR		5.2 NAME		
STREET ADDRESS	260 ABBEVILLE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Barbara Buckmaster* SIGNATURE: *Laurence J. Vough* DATE: \_\_\_\_\_ DAYTIME PHONE #: 407-574-2282

CR2E037 (1/198)