FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714797** **(8)**

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF ORMOND BEACH, I NC.

Principal Place of Business	Mailing Address
ORMOND BEACH INC 336 SOUTH HALIFAX DRIVE ORMOND BEACH FL 32176	ORMOND BEACH INC 336 SOUTH HALIFAX DRIVE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1968
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-0782455 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

UPSON, MAGNOLIA
857 QUAIL RUN
ORMOND BEACH, FL EF 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 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	CTR	1.1 TITLE	CTR	☑ Change ☐ Addition
NAME	NORRIS, CLIFFORD S	1.2 NAME	Rusler, James	
STREET ADDRESS	4 KATRINAS DR	1.3 STREET ADDRESS	43 N Tymber Creek Rd.	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VTR	2.1 TITLE	V/S TR	☐ Change ☑ Addition
NAME	RUSLER, JAMES	2.2 NAME	Cheryl Youngman	
STREET ADDRESS	43 N TYMBER CREEK RD	2.3 STREET ADDRESS	4 Creekview Way	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	STR	3.1 TITLE	T	☐ Change ☐ Addition
NAME	BURKETT, CAROL	3.2 NAME	Youngman, Maurice D.	
STREET ADDRESS	355 EMORY DR	3.3 STREET ADDRESS	4 Creekview Way	
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	T	4.1 TITLE	TR	☐ Change ☐ Addition
NAME	YOUNGMAN, MAURICE D.	4.2 NAME	Templeton, Jack	
STREET ADDRESS	4 CREEKVIEW WAY	4.3 STREET ADDRESS	29 Cherokee Trail	
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	TR	5.1 TITLE	TR	☐ Change ☑ Addition
NAME	TURNER, KATHY	5.2 NAME	Gullett, Rick	
STREET ADDRESS	109 OAK LANE	5.3 STREET ADDRESS	1499 N. Peninsula Drive	
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	TR	6.1 TITLE	TR	☐ Change ☑ Addition
NAME	TEMPLETON, JACK	6.2 NAME	Johnson, Raymond	
STREET ADDRESS	29 CHEROKEE TRAIL	6.3 STREET ADDRESS	2545 S. Atlantic Ave., Apt 607	
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	Daytona Beach, FL 32118	

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

SIGNATURE: Cheryl L. Youngman 4/14/95 (904) 677-3581
SIGNATURE AND TYPED OR PRINTED NAME OF ANNUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000784