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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32176-8111

3. Date Incorporated or Qualified: 06/20/1968
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 Magnolia Upson, Magnolia Upson-Financial Sec 3/31/97
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	CT	■ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSLER, JAMES		1.2 NAME		
STREET ADDRESS	43 N TYMOOR CREEK RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURKETT, CURTIS R.		2.2 NAME		
STREET ADDRESS	396 MUDDY CREEK LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGMAN, CHERYL		3.2 NAME		
STREET ADDRESS	4 CREEKVIEW WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ROBERT L.		4.2 NAME		
STREET ADDRESS	9 ROCKY CREEK TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		4.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	5.1 TITLE	CT	■ Change ☐ Addition
NAME	VRANIK, DALE T		5.2 NAME		
STREET ADDRESS	29 BAY POINTE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE	TR	☐ Change ■ Addition
NAME	MONACO, JUDY		6.2 NAME	J SAMUEL RACE	
STREET ADDRESS	136 RIVER BLUFF DR		6.3 STREET ADDRESS	37 Sunny Beach DR	
CITY-ST-ZIP	ORMOND BCH FL		6.4 CITY-ST-ZIP	ORMOND Beach, FL 32176	

CR2E037 (9/96)

14. I do 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