FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

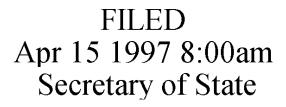
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 714797

(8)

FIRST UNITED METHODIST CHURCH OF ORMOND BEACH, I





Principal Place of Business ORMOND BEACH INC		Mailing Address				4 LDENNI NOBON 11571 BION YOOND LONIN INDIA BURIL DIDSA BURIL DIDA BURIL BUDIL BUDIL BUDIL BUDIL			
		ORMOND BEACH INC							
36 SOUTH HAL		336 SOUTH HALIFAX DRIVE ORMOND BEACH FL 32176-8111							
DRMOND BEACH	H FL 32176				3. Date incorporated or Qualified 06/20/1968 3a. Date of Last Report 03/05/1996			Report 6	
2. Principal I	Place of Business				4. FEI Number			pplied For	
21					59-0782455			ot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Statos Desired		Fee R	equired
City & State		City & State			6. Election Campaign Financing	_		May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	├ ──-┐	ountry		8. This corporation has liability for i	ntangible ti Yes 🗀		s. 199.032,
24	25 9. Name and Address of Curre	ni Registered Agent	30	-1		Florida Statutes 10. Name and Address of New Re			
	F. Name and Address of Curre	III Hedistolen Wasin		81	Name	IV. Name and Address of New Ne	giatoreu A	30111	
110001	****				Tianio				
	MAGNOLIA			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
857 QUA				83					
ORMOND	BEACH, FL EF 32174			05					
				84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed national registered ag	J DD GDOLL (I ont and title if applicable (I ID DIRECTORS	NOTE: Red ster	ed Age	n: signature requi	red when reinstaing) ADDITIONS/CHANGES TO OFFICE	DATE AND	27 DIRECTO	2S IN 12
TITLE	CT OFFICERS AIN	DELETE		Title		ADDITIONS/CHANGES TO OFFIC	Eno ANI/	Change	Addition
NAME	RUSLER, JAMES	otter,		NAME	ļ			G.Kange	
STREET ADDRESS	44 14 446 6- 46				ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		1	CITY - S	1				
TITLE	VT	DELETE		TITLE				Change	Addition
NAME	BURKETT, CURTIS R.	_	2.21	NAME				_ •	
STREET ADDRESS	396 MUDDY CREEK LANE		2.3 5	STREET	ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		2.4	CITY-S	T-ZIP				
TITLE	ST	DELETE	3.1	TITLE				Change	Addition
NAME	YOUNGMAN, CHERYL		3.21	NAME					
STREET ADDRESS	4 CREEKVIEW WAY		3.3	STREET	ADDRESS				
CITY-ST-ZIP	ORMOND BCH FL		3.4	CITY-S	T-ZIP				
TITLE	Τ	DELETE	4.11	TITLE				Change	Addition
NAME	JOHNSON, ROBERT L.		4 2	NAME					
STREET ADDRESS	9 ROCKY CREEK TRAIL		4.3 5	STREET	ADDRESS				
CITY-ST-ZIP	ORMOND BCH FL		4.41	CHY-S	r- ZIP				
THTLE	TR	☐ DELETE	5.1	TITLE		CT	4	Change	Addition
NAME	VRANIK, DALE T		5.21	NAME	,				
STREET ADDRESS	29 BAY POINTE DR		5.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	ORMOND BCH FL			CITY-S	- ZIP				
TITLE	TR	DELETE	61	TITLE		TR		Change	Addition
NAME	MINACO, JUDY		6.21	NAME	;	JAMUEL RACE 37 SURMY BEOCL DR DRMOND BLOCK OL			
STREET ADDRESS	136 RIVER BLUFF DR		6.3 5	STREET	ADDRESS	37 SUNNY BEOCK DK			
CITY_ST_7IP	ORMOND BOH FI		640	301 y - \$1	7(P	DRMOND Keach Mr 3	12116		

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.