FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90272 039 ****61.25

000355A

DOCUMENT # **714797**

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

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

3. Date Incorporated or Qualifed: 06/20/1968

4. FEI Number: 59-0782455 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CALIGUIRE, BARBARA
135 PINE CONE TRAIL
ORMOND BEACH FL 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 _____ 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	VTR	☐ DELETE	1.1 TITLE	CTR	☒ Change ☐ Addition
NAME	RACE, J SAMUEL		1.2 NAME	RACE, J SAMUEL	
STREET ADDRESS	37 SUNNY BEACH DR		1.3 STREET ADDRESS	37 SUNNY BEACH DR	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	STR	☒ DELETE	2.1 TITLE	VTR	☐ Change ☒ Addition
NAME	BURKETT, CURTIS R.		2.2 NAME	LIPSCOMB, JOSEPH W	
STREET ADDRESS	396 MUDDY CREEK LANE		2.3 STREET ADDRESS	22 SHADOW CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARTHE, DOREEN		3.2 NAME		
STREET ADDRESS	289 JOHN ANDERSON DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		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	CTR	☒ DELETE	5.1 TITLE	TR	☐ Change ☒ Addition
NAME	VRANIK, DALE T		5.2 NAME	HALE, DONALD W	
STREET ADDRESS	29 BAY POINTE DR		5.3 STREET ADDRESS	962 E BRAMBLEBUSH CIR	
CITY-ST-ZIP	ORMOND BCH FL		5.4 CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TR	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONACO, JUDY		6.2 NAME		
STREET ADDRESS	136 RIVER BLUFF DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH 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: SIGNATURE REQUIRED J SAMUEL RACE 04/15/99 (904) 677-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)