

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **715203** (6)  
1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF HOLLYWOOD, INC.**

Principal Place of Business Mailing Address  
**1804 VAN BUREN STREET HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/03/1968** 3a. Date of Last Report **06/28/1994**  
4. FEI Number **59-1094820** 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 intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**HUNTER, E.T., ESQ.  
1930 TYLER ST.  
HOLLYWOOD FL 33020**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>
NAME	<b>RASOR, ED</b>
STREET ADDRESS	<b>3453 BUCHANAN ST</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>CARTER, WALTER</b>
STREET ADDRESS	<b>3300 N SR 7 BOX E413</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>PARKER, ED</b>
STREET ADDRESS	<b>509 SW 10TH ST</b>
CITY - ST - ZIP	<b>HALLANDALE FL</b>
TITLE	<b>SD</b>
NAME	<b>PRIBISCO, LYDIA</b>
STREET ADDRESS	<b>1010 E HAWTHORNE CIR</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>MEEKS, CHARLES</b>
STREET ADDRESS	<b>777 SW 7 AVE</b>
CITY - ST - ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b>
NAME	<b>-DAVIS, BILL</b>
STREET ADDRESS	<b>1416 E HAWTHORNE CIR</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DORLIN ROHDE</b>
23 STREET ADDRESS	<b>PO BOX 053, 1776 BELKST</b>
24 CITY - ST - ZIP	<b>HOLLYWOOD 33020</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Roger Morin</b>
63 STREET ADDRESS	<b>961 NW 180 Terrace</b>
64 CITY - ST - ZIP	<b>Miami FL 33169</b>

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 110.07(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 417, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ed Rasor Chairman of Trustees 4/28/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expires (Month & Year)