FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 715203

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF HOLLYWOOD, INC.

Principal Place of Business									
1804 VAN BUREN STREET									
HOLLYWOOD FL 33020									

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1804 VAN BUREN STREET HOLLYWOOD FL 33020

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90028 024 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

09/03/1968

59-1094820

4. FEI Number

3	28									reduied	
Zip	Country	Щ	Zip	Countr	y		6. Election Campaign Financing			May Be	
4	25	29	30	<u> </u>		Trust Fund Contribution Added to Fees					
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
•					l Name						
HUNTER, E.T., ESQ.					82 Street Address (P.O. Box Number is Not Acceptable)						
1930 TYLER ST.											
HOLLYWOOD FL 33020					3						
					City		 · · · 		85 Zi	p Code	
							* · · · · · · · · · · · · · · · · · · ·	<u>FL</u>			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND		7,	13.		•	ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	TORS IN 12	
TITLE	P		X DELETE	1.1 TITLE	•••	Tı	•		☐ Chang	e K Addition	
NAME .	RASOR, ED			1.2 NAME		FE	ERGUSON, JULIA				
STREET ADDRESS	1470 SHERIDAN ST. #11			1.3 STREE	T ADDRESS	23	311 Wiley Street			1	
CITY-ST-ZIP	HOLLYWOOD FL 33020			1.4 CITY-	ST-ZIP		11vwood, FL 33020		<u>.</u>		
TITLE	D		DELETE	2.1 TITLE		Tı		•	Chang	e 🛣 Addition	
NAME	HEDLAND, REYNOLDS			2.2 NAME		SI	PRINGER, BONNIE			İ	
STREET ADDRESS	110 N.E. 2 TERRACE			2.3 STRE	ET ADDRESS	91	9 Van Buren Street			Ì	
CITY-ST-ZIP	HALLENDALE FL		<u></u>	2. 4 CITY-	ST-ZIP	Но	11vwood, FL 33019	· · · · · · · · · · · · · · · · · · ·			
TITLE	D			3.1 TITLE		Tı		'	☐ Chang	e 🔄 Addition	
NAME	TILLER, LARRY			3.2 NAME	:	CI	ARKE, CHERYL ANN			j	
STREET ADDRESS	6601 S.W. 2ND COURT			3.3 STREE	ET ADDRESS	15	05 SW 12th Ave.				
CITY-ST-ZIP	HOLLYWOOD FL			3.4. CITY-	ST-ZIP	Но	11ywood, FL 33004				
TITLE	D		☐ DELETE	4,1 TITLE		P			Chang	e	
NAME	FOSTER, JOHN			4. 2 NAME	•		STER, JOHN				
STREET ADDRESS	1318 JACKSON STREET			4.3 STREI	ET ADDRESS	131	8 Johnson Street				
CITY-ST-ZIP	DANIA FL 33019			4.4 CITY-	ST-ZIP	Ho1	lywood, FL 33019			<u></u>	
TITLE	D		1 DELETE	5.1 TITLE		Tr			☐ Chang	e 🛣 Addition	
NAME .	MORIN, ROGER			5.2 NAME		E	PARKER, JANI			1	
STREET ADDRESS	961 NW 180 TERR			5.3 STRE	ET ADDRESS	9	59 Tyler Street				
CITY-ST-ZIP	MIAMI FL			5.4 CITY-			lollywood, FL 33019				
TITLE			☐ DELETE	6.1 TITLE		Tr	•		Chang	je 🔯 Addition	
NAME			ı	6.2 NAME		1	ORTON, CHARLES			J	
STREET ADDRESS				6.3 STREI	ET ADDRESS)5 Ronald Rd.				
CITY-ST-ZIP				6.4 CITY-		Ho	11ywood, FL 33023		6 d		
14. I hereby o	certify that the information supplied with	this fi	ling does not qualify for th	e exemp	tion state	d in Se	ction 119.07(3)(i), Florida Statutes. I f	urther certi	ry tnat th	e information	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 113.07(3)(i), Florida Statutes. 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 AFOUR EL

4/27/2019

9'54 - 920-8884 Dayling Phone #

(SELS) (SESS)

Applied For

\$8.75 Additional

Not Applicable.