# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # 719941 (7)

1. Corporation Name

**THE FIRST UNITED METHODIST CHURCH OF SPRING HILL , INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9344 SPRING HILL DRIVE<br>SPRING HILL FL 34608 | 9344 SPRING HILL DRIVE<br>SPRING HILL FL 34608 |

3. Date Incorporated or Qualified: 12/29/1970
3a. Date of Last Report: 02/14/1995

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

4. FEI Number: 59-1565592 ☐ 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**

WEIS OSCAR L
6235 HARCROSS CT
SPRING HILL FL 34606

**10. Name and Address of New Registered Agent**

81 Name: Glenn Kasper
82 Street Address (P.O. Box Number is Not Acceptable): 239 Lemon Ave. North
83
84 City: Brooksville, **FL** 85 Zip Code: 34601

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: Glenn A. Kasper Pres 2-18-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | XXX D<br>WEIS, OSCAR L<br>6235 HARCROSS CT<br>SPRING HILL FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | XXX D<br>MCGINLEY, STEPHEN<br>5068 CUMBERLAND LANE<br>SPRING HILL, FL 00000 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | 03/20/96 -01102--001<br>***61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | XXX C<br>KASPER, GLENN<br>239 LEMON AVE NORTH<br>BROOKSVILLE FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BONDS, HORACE<br>9297 PICKENS ST.<br>SPRING HILL FL 34608 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | S<br>Ankers, Sally<br>14420 Van Court Drive<br>Spring Hill, FL 34610 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ENSIGN, EVELYN<br>1228 ALADDIN RD.<br>SPRING HILL FL 34609 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | S<br>Clark, Judy<br>13392 Wilburton Street<br>Spring Hill, FL 34609 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOLDEN, JON<br>9575 CHRISTINE ST<br>SPRING HILL FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Glenn A. Kasper 2-18-96 1-800-926-7913 904-799-0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #