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02-22-1999 90116 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **719941**

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF SPRING HILL , INC.

Principal Place of Business	Mailing Address
9344 SPRING HILL DRIVE SPRING HILL FL 34608	9344 SPRING HILL DRIVE SPRING HILL FL 34608

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: 12/29/1970

4. FEI Number: 59-1565592 ☐ 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

KASPER, GLENN
1216 DESMOND AVE.
SPRING HILL FL 34608

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	D	☐ DELETE	1.1 TITLE	Tr.	☐ Change ☑ Addition
NAME	WEIS, OSCAR L		1.2 NAME	Andrews, Russell	
STREET ADDRESS	6235 HARCROSS CT		1.3 STREET ADDRESS	6105 Dorset Rd.	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	Spring Hill, Fl. 34606	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BONDS, HORACE		2.2 NAME		
STREET ADDRESS	9297 PICKENS ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KASPER, GLENN		3.2 NAME		
STREET ADDRESS	1216 DESMOND AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANKERS, SALLY		4.2 NAME		
STREET ADDRESS	14420 VAN COURT DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JUDY		5.2 NAME		
STREET ADDRESS	13392 WILBURTON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34609		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOLDEN, JON		6.2 NAME		
STREET ADDRESS	9575 CHRISTINE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X Glenn W. Kasper 1/16/98 352-683-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #