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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **720992** **(7)**

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF HUDSON, FLO RIDA, INC.

Principal Place of Business	Mailing Address
13123 US 19 HUDSON FL 34667	13123 US 19 HUDSON FL 34667-1768

3. Date Incorporated or Qualified: 05/21/1971
3a. Date of Last Report: 02/02/1996

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)

4. FEI Number: 59-1590960 ☐ 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

YOUNGS, ADDISON
P.O.BOX 953 N/A
PORT RICHEY FL 34673

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P YOUNGS,ADDISON P.O.BOX 953 N/A PORT RICHEY 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	V TURNER, JAMES 15722 DONZI DRIVE HUDSON FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition V PRICE, JAMES 10908 Peppertree Lane Port Richey FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR HOWELL, HENRY 12011 PENZANCE LANE NEW PORT RICHEY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition S
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR LYMAN, RICHARD 13600 WOODSIDE DR. HUDSON FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition TR RICE, WALTER 8915 Farmington Lane Port Richey FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PAPIN, WANDA 9021 WARWICK LANE NEW PORT RICHEY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition TR SAMSEL, DORIS 11234 White Oak Lane Port Richey FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR CLEER, RAY 124 QUAIL RUN ROW BAYONET PT. FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] **REQUIRED** 1-30-97 813/868-6178
A MINIMUM OF ONE MEMBER OF THE BOARD OF DIRECTORS MUST SIGN. BOARD OF TRUSTEES
Daytime Phone # 0068232