FILE NOW: FILING FEE IS $61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90135 049 ****70.00

0071604

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 720992

1. Corporation Name

THE FIRST UNITED METHODIST CHURCH OF HUDSON, FLORIDA, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/21/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1590960 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGS,ADDISON		1.2 NAME		
STREET ADDRESS	P.O.BOX 953 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	TR	☒ Change ☐ Addition
NAME	TURNER, JAMES		2.2 NAME		
STREET ADDRESS	15722 DONZI DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	CHALELA, GRACE		3.2 NAME		
STREET ADDRESS	5803 BEVERLY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		3.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	RICE, WALTER		4.2 NAME		
STREET ADDRESS	8915 FARMINGTON LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	5.1 TITLE	TR	☐ Change ☒ Addition
NAME	SAMSEL, DORIS		5.2 NAME	JUDY PRICE	
STREET ADDRESS	11234 WHITE OAK LANE		5.3 STREET ADDRESS	10908 PEPPERTREE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	☒ DELETE	6.1 TITLE	TR	☐ Change ☒ Addition
NAME	CLEER, RAY		6.2 NAME	LES SOWELL	
STREET ADDRESS	124 QUAIL RUN ROW		6.3 STREET ADDRESS	8614 HONEYCOMB DRIVE	
CITY-ST-ZIP	BAYONET PT. FL		6.4 CITY-ST-ZIP	PORT RICHEY FL 34668	

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: SIGNATURE REQUIRED — January 20, 1999 — 727 868-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #