# 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 # 721850 (6)

1. Corporation Name

**THE FIRST UNITED METHODIST CHURCH OF SEBRING, FL ORIDA**

| Principal Place of Business | Mailing Address |
|---|---|
| 125 S. PINE STREET<br>P.O. BOX 968<br>SEBRING FL 33871-7968 | 125 S. PINE STREET<br>~~P.O. BOX 968~~<br>SEBRING FL 33871-7968 |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified: 10/11/1971 | 3a. Date of Last Report: 02/23/1995 |
| 21 | 26 125 S. Pine Street | 4. FEI Number: 59-0760205 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 N/A | 5. Certificate of Status Desired ☒ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 Sebring, Fl. | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 33870-... / Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

**9. Name and Address of Current Registered Agent**

MACBETH, JOSEPH O.
230 S. COMMERCE
SEBRING FL 33870

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

81 Name: Mrs. Sandra Handley

82 Street Address (P.O. Box Number is Not Acceptable): 2609 Orange Grove Drive

83

84 City: Sebring FL 85 Zip Code: 33870

**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: Sandra Handley — Signature, type or printed name of registered agent and title if applicable. Sandra Handley (NOTE: Registered Agent signature required when changing) DATE: 2-21-96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>JERNIGAN, WILLIAM L<br>1310 STENEWAHEE AE<br>SEBRING FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LAUDERBACK, MARTHA<br>1509 CRESCENT DRIVE<br>SEBRING FL | ~~ZX~~ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | TD<br>SPRINGER, JOANN L.<br>6312 Matanzas Drive<br>Sebring, Fl. 33872 | XX ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HELLER, LYMAN W<br>1814 VAN PELT ROAD<br>SEBRING FL | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ## Dec by Bank | ☐ 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)(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:** Joann L. Springer — Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joann L. Springer

2-21-96 — 941-385-5184
Date — Daytime Phone #