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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 ~~NAPLES FL 33962~~ SEBRING FL ~~33871-7069~~ 33870	125 S. PINE STREET ~~P.O. BOX 969~~ SEBRING FL ~~33871-7069~~ 33870

3. Date Incorporated or Qualified: 10/11/1971

4. FEI Number: 59-0760205 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 125 S. Pine Street	26 125 S. Pine Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sebring FL	City & State 28 Sebring FL
Zip 24 33870 Country 25 Highlands	Zip 29 33870 Country 30 Highlands

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANDLEY, SANDRA MRS. 2809 ORANGE GROVE DRIVE SEBRING FL 33870 Delete	81 Name Catherine Knight 82 Street Address (P.O. Box Number is Not Acceptable) 4222 Lewis Ave. 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 Dolores Irvine 03-18-98
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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JERNIGAN, WILLIAM L		1.2 NAME		
STREET ADDRESS	1310 STENEWAHEE AE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPRINGER, JOANN L.		2.2 NAME		
STREET ADDRESS	6312 MATANZAS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33872		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary Director	☐ Change ☒ Addition
NAME	HELLER, LYMAN W		3.2 NAME	Dolores Irvine	
STREET ADDRESS	1814 VAN PELT ROAD		3.3 STREET ADDRESS	2682 S. Flamingo Rd	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	Avon Park FL 33825	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME			4.2 NAME	J. Clagett, Jr.	
STREET ADDRESS			4.3 STREET ADDRESS	1617 NE LAKEVIEW	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Sebring FL 33870	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Joann L. Springer Joann L. Springer 3/4/98 941-385-5184