FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726099** **(5)**

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF STUART, INC.

Principal Place of Business	Mailing Address
1500 KANNER HIGHWAY P.O. BOX 539 STUART FL 34994 US	P. O. BOX 539 P.O. BOX 539 STUART FL 34995 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1973**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0816465** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CRARY,EVANS,JR
555 COLORADO AVE. SUITE 1
STUART FL 34994

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	FARROW, JULIAN G.	1.2 NAME	
STREET ADDRESS	502 N. RIVER POINT DR.	1.3 STREET ADDRESS	Warren, Michael 752 SW Pine Tree Lane
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	S	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	GARLINGTON, KATHERINE	2.2 NAME	Edward L. Hoon
STREET ADDRESS	1083 SE ST. LUCIE BLVD.	2.3 STREET ADDRESS	951 NW Sunset Terr
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	T	3.1 TITLE	T ☐ Change ☐ Addition
NAME	WRIGHT, RICHARD	3.2 NAME	Richard Wright
STREET ADDRESS	8776 SE BAHAMA CIRCLE	3.3 STREET ADDRESS	8776 SE Bahama Circle
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	D	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	PARADISE, JO MARIE	4.2 NAME	Katherine Garlington
STREET ADDRESS	5 GUMBO LIMBO WAY	4.3 STREET ADDRESS	1083 SE St. Lucie Blvd.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	HOON, EDWARD L.	5.2 NAME	Jo Marie Paradise
STREET ADDRESS	951 NW SUNSET TERR.	5.3 STREET ADDRESS	5 Gumbo Limbo Way
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	LAFON, TOM J	6.2 NAME	LaFon, Tom J.
STREET ADDRESS	120 HILLCREST DR.	6.3 STREET ADDRESS	120 Hillcrest Drive
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Stuart, FL 34996

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)(k), 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: Richard H Wright RICHARD H. WRIGHT 4/18/95 287-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607B4A