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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # 726099 (5)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF STUART, INC.



Principal Place of Business 1500 KAMMER HIGHWAY P.O. BOX 539 STUART FL 34994 US		Mailing Address P. O. BOX 539 P.O. BOX 539 STUART FL 34996 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
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 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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, MICHAEL 752 S.W. PINE TREE LANE PALM CITY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD L. Edward Hoon 701 Colorado Ave. Suite 8 Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOON, EDWARD L 951 N.W. SUNSET TERR. STUART FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Christi Fuller 471 Riverside Drive Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, RICHARD 8776 S.E. BAHAMA CIRCLE HOBE SOUND FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARLINGTON, KATHERINE 1083 S.E. ST. LUCIE BLVD. STUART FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD Jo M. Paradise 5 Gumbo Limbo Way Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADISE, JO MARIE 5 GUMBO LIMBO WAY STUART FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Robert M. Johnson P. O. Box 376 Stuart, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFON, TOM J 120 HILLCREST DRIVE STUART FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 WRIGHT Richard Wright 4/26/96 407 287 6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)