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Feb 18 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 # **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

3. Date Incorporated or Qualified: 04/11/1973

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. 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

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: 34995 / 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

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOFFA, DALE		1.2 NAME		
STREET ADDRESS	2010 S.W. OLYMPIC CLUB TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MONTGOMERY, SCOTT		2.2 NAME	HELDERMAN, NATHEN	
STREET ADDRESS	274 S.E. CREE RD.		2.3 STREET ADDRESS	5017 S W CHEROKEE ST	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, RICHARD		3.2 NAME		
STREET ADDRESS	8776 S.E. BAHAMA CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SALISBURY, RUTH		4.2 NAME		
STREET ADDRESS	1210 S.E. PARKVIEW PL., E-10		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STROUT, TERRY		5.2 NAME		
STREET ADDRESS	868 S.W. HIDDEN RIVER AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	FULLER, CHRISTI		6.2 NAME	Schink, Al	
STREET ADDRESS	471 RIVERSIDE DRIVE		6.3 STREET ADDRESS	1804 S W Springfield Ct	
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP	Palm City, FL 34990	

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: Dale Hoffa DALE HOFFA 561-287-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0072769