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04-14-1999 90112 030 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726099**

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 34995 US	P. O. BOX 539 P.O. BOX 539 STUART FL 34995 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/11/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-0816465 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRARY,EVANS,JR 555 COLORADO AVE. SUITE 1 STUART FL 34994	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	PD	XX Change ☐ Addition
NAME	HOFFA, DALE		1.2 NAME	Charles A. Hawken	
STREET ADDRESS	2010 S.W. OLYMPIC CLUB TERR.		1.3 STREET ADDRESS	916 NE Banyan Tree	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HELDERMAN, NATHEN		2.2 NAME		
STREET ADDRESS	5017 S.W CHEROKEE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	XX Change ☐ Addition
NAME	WRIGHT, RICHARD		3.2 NAME	Anderson, Lawerence	
STREET ADDRESS	8776 S.E. BAHAMA CIRCLE		3.3 STREET ADDRESS	7761 S E Doubletree Drive	
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	SD	☒ DELETE	4.1 TITLE	S	XX Change ☐ Addition
NAME	SALISBURY, RUTH		4. 2 NAME	McGuire, Mary	
STREET ADDRESS	1210 S.E. PARKVIEW PL., E-10		4.3 STREET ADDRESS	325 S Manor Drive	
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP	Stuart, FL 34994	
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		☐ Change ☐ Addition
NAME	SCHINK, AL		6.2 NAME		
STREET ADDRESS	1804 S.W. SPRINGFIELD CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Mary McGuire SIGN HERE Mary McGuire April 9, 1999 (561)287-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #