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 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729031 (5)

1. Corporation Name

BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH , LAND O'LAKES FLORIDA, INC.

Principal Place of Business	Mailing Address
6209 LAND O' LAKES BLVD. LAND O LAKES FL 34639	6209 LAND O' LAKES BLVD. LAND O LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6193829 ☐ 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

BOERNER, THOMAS
12465 CITATRON RD
SPRING HILL FL 34610

10. Name and Address of New Registered Agent

81 Name: Virginia Mahoney
82 Street Address (P.O. Box Number is Not Acceptable): 2930 Lake Saxon Drive
83
84 City: Land O' Lakes, FL 85 Zip Code: 34639

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: Virginia M. Mahoney VIRGINIA M. MAHONEY 4-2-95
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	VC	1.1 TITLE	CHAIRMAN
NAME	BOERNER, THOMAS	1.2 NAME	Mrs. Claudette Henry
STREET ADDRESS	12465 CITATION RD.	1.3 STREET ADDRESS	3704 Greatwood Court
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE	TR	2.1 TITLE	VICE CHAIRMAN ☐ Change ☐ Addition
NAME	MAHONEY, JINNY	2.2 NAME	Mrs. Virginia Mahoney
STREET ADDRESS	2930 LAKE SAXON DR	2.3 STREET ADDRESS	2930 Lake Saxon Drive
CITY-ST-ZIP	LAND O'LAKES FL	2.4 CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE	P	3.1 TITLE	☑ Change ☐ Addition
NAME	HENRY, CLAUDETTE	3.2 NAME	Mr. Robert Bailey TREASURER, TRUSTEE
STREET ADDRESS	3704 GREATWOOD CT.	3.3 STREET ADDRESS	22228 Stillwood Drive
CITY-ST-ZIP	LAND O'LAKES FL	3.4 CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE	TR	4.1 TITLE	☑ Change ☐ Addition
NAME	BAILEY, ROBERT	4.2 NAME	Mr. SECRETARY, TRUSTEE Donald Stern
STREET ADDRESS	22228 STOLLWOOD DR	4.3 STREET ADDRESS	1630 Spinning Wheel Drive
CITY-ST-ZIP	LAND O'LAKES FL	4.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	LENNINGER, LARRY	5.2 NAME	Mr. David Rivers TRUSTEE David Rivers
STREET ADDRESS	4310 VENICE DR.	5.3 STREET ADDRESS	23907 Forest Green Place
CITY-ST-ZIP	LAND O'LAKES FL	5.4 CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE	TR	6.1 TITLE	☑ Change ☐ Addition
NAME	STERN, DON	6.2 NAME	Mrs. Sue Culbertson TRUSTEE
STREET ADDRESS	1630 SPINNING WHEEL DR	6.3 STREET ADDRESS	3720 Parkway Blvd.
CITY-ST-ZIP	LUTZ FL	6.4 CITY-ST-ZIP	Land O' Lakes, FL 34639

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)(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: Virginia Mahoney Trustee 1-25-95 1-813-996-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #