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Mar 11 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 # **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

3. Date Incorporated or Qualified: 03/11/1974

4. FEI Number: 59-6193829 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOE POTTS 4802 ROBERTS RD LAND O' LAKES FL 34639	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	C	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	JOC POTTS		1.2 NAME	JOE POTTS	
STREET ADDRESS	4802 ROBERTS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O' LAKES FL		1.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT LESTER		2.2 NAME		
STREET ADDRESS	22514 SHORESIDE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		2. 4 CITY-ST-ZIP		
TITLE	TTR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, ROBERT M		3.2 NAME		
STREET ADDRESS	22228 STILLWOOD DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		3.4. CITY-ST-ZIP		
TITLE	STR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ED MORA		4. 2 NAME		
STREET ADDRESS	3932 PENINSULAR DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O' LAKES FL		4.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RIVERS, DAVID M		5.2 NAME		
STREET ADDRESS	23907 FOREST GREEN PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHN MACLEMAN		6.2 NAME		
STREET ADDRESS	17118 ORANGEWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		6.4 CITY-ST-ZIP		

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: [illegible] Mar 4 1998