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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 729031

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

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)

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOE POTTS
4602 ROBERTS RD
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name: Richard Carpenter
82 Street Address (P.O. Box Number is Not Acceptable): 3945 Peninsular Drive
83: Land O' Lakes, FL 34639
84 City: LAND O' Lakes **FL** 85 Zip Code: 34639

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: Richard Carpenter 3/28/99
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	C	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	POTTS, JOE		1.2 NAME	Richard Carpenter	
STREET ADDRESS	4602 ROBERTS RD		1.3 STREET ADDRESS	3845 Peninsular Drive	
CITY-ST-ZIP	LAND O' LAKES FL		1.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	
TITLE	VC	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SCOTT LESTER		2.2 NAME	Russell Adams	
STREET ADDRESS	22514 SHORESIDE DR		2.3 STREET ADDRESS	3420 Lake Padgett Drive	
CITY-ST-ZIP	LAND O'LAKES FL		2.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	
TITLE	TTR	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BAILEY, ROBERT M		3.2 NAME	JoAnne Weld	
STREET ADDRESS	22228 STILLWOOD DRIVE		3.3 STREET ADDRESS	22306 Weeks Blvd.	
CITY-ST-ZIP	LAND O'LAKES FL		3.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	
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	Claudette Henry	
STREET ADDRESS	23907 FOREST GREEN PLACE		5.3 STREET ADDRESS	3704 Greatwood Court	
CITY-ST-ZIP	LAND O'LAKES FL		5.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	
TITLE	TR	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	JOHN MACLEMAN		6.2 NAME	Virgil Vinson	
STREET ADDRESS	17118 ORANGEWOOD DR		6.3 STREET ADDRESS	5207 Conner Drive	
CITY-ST-ZIP	LUTZ FL		6.4 CITY-ST-ZIP	Land O' Lakes, FL 34639	

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: Richard Carpenter SIGNATURE REQUIRED 5/28/99 (813) 996-6158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)