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 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732453 (6)

1. Corporation Name

FIRST UNITED METHODIST CHURCH / HOMOSASSA AREA I NC.

Principal Place of Business	Mailing Address
8831 W BRADSHAW ST. HOMOSASSA FL 32646	8831 W BRADSHAW ST. HOMOSASSA FL 32646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1975
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-2167026 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WOLFE, HENRY K.
12 ASTERS COURT.
HOMOSASSA FL 32646

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 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 _____ 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	VCD	11 TITLE		☐ Change ☐ Addition
NAME	LAYMAN, HAROLD	12 NAME		
STREET ADDRESS	30 MASTER DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34446	14 CITY-ST-ZIP		
TITLE	VCD	21 TITLE		☐ Change ☐ Addition
NAME	HENRY, JOSEPH	22 NAME		
STREET ADDRESS	4671 S. SAWMILL WAY	23 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448	24 CITY-ST-ZIP		
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, RAYMOND	32 NAME		
STREET ADDRESS	5649 S. ROVAN POINT	33 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL 34461	34 CITY-ST-ZIP		
TITLE	VCD	41 TITLE	SD	☒ Change ☐ Addition
NAME	BURTT, DONALD	42 NAME	Bader, Marsha	
STREET ADDRESS	5733 S. OCELOT PT.	43 STREET ADDRESS	57 Golfview Ct.	
CITY-ST-ZIP	HOMOSASSA FL 34446	44 CITY-ST-ZIP	Homosassa, FL 34446	
TITLE	D	51 TITLE	CD	☒ Change ☐ Addition
NAME	HUFFSTUTLER,BETTY	52 NAME	Severance, Robert	
STREET ADDRESS	16 BLUE RIVER COVE	53 STREET ADDRESS	4541 S. Corbett Ave	
CITY-ST-ZIP	HOMOSASSA FL 34448	54 CITY-ST-ZIP	Homosassa Springs, FL	
TITLE	CD	61 TITLE		☐ Change ☐ Addition
NAME	KLEIN,ROBERT	62 NAME		
STREET ADDRESS	11945 W. RIVERHAVEN DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448	64 CITY-ST-ZIP		

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)(k), 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 entered in Block with an address.

SIGNATURE: Harold Layman April 24, 1995 904-382-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084805