

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32446 34446**

**8831 W BRADSHAW ST.
HOMOSASSA FL 32446 34446**



3. Date Incorporated or Qualified
04/14/1975

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2167026

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFE, HENRY K.
12 ASTERS COURT.
HOMOSASSA FL 32446 34446**

81 Name

POWELL, PAUL S. CD

82

Street Address (P.O. Box Number is Not Acceptable)
16 BEGONIAS COURT

83

84

City **HOMOSASSA**

FL

85 Zip Code
34446

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

Paul S. Powell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 10, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VCD** ☐ DELETE
NAME **LAYMAN, HAROLD**
STREET ADDRESS **30 MASTER DRIVE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VCD** ☐ DELETE
NAME **HENRY, JOSEPH**
STREET ADDRESS **4871 S. SAWMILL WAY**
CITY-ST-ZIP **HOMOSASSA FL 34446**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **CD** ☒ DELETE
NAME **MARSHALL, RAYMOND**
STREET ADDRESS **5849 S. ROVAN POINT**
CITY-ST-ZIP **LECANTO FL 34461**

3.1 TITLE **CD** ☐ Change ☒ Addition
3.2 NAME **POWELL, PAUL S.**
3.3 STREET ADDRESS **16 BEGONIAS COURT**
3.4 CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE **SD** ☒ DELETE
NAME **BADER, MARSHA**
STREET ADDRESS **57 GOLFVIEW COURT**
CITY-ST-ZIP **HOMOSASSA FL**

4.1 TITLE **CD** ☐ Change ☒ Addition
4.2 NAME **KNAUS, JUDITH**
4.3 STREET ADDRESS **6048 W. BROMLEY CIRCLE**
4.4 CITY-ST-ZIP **CRYSTAL RIVER, FL 34449**

TITLE **CD** ☒ DELETE
NAME **SEVERANCE, ROBERT**
STREET ADDRESS **4541 S CORBETT AVENUE**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **HOES, DON**
5.3 STREET ADDRESS **5272 S. RIVERVIEW CIRCLE**
5.4 CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **CD** ☐ DELETE
NAME **KLEIN, ROBERT**
STREET ADDRESS **11945 W. RIVERHAVEN DRIVE**
CITY-ST-ZIP **HOMOSASSA FL 34448**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE: *Paul S. Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996

352-382-0115

Date

Daytime Phone #

CR2E037 (12/95)