FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 34446 US	8831 W BRADSHAW ST. HOMOSASSA FL 34448-4206 US

3. Date Incorporated or Qualified: **04/14/1975**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

9. Name and Address of Current Registered Agent

POWELL, PAUL S
16 BEGONIS CT
HOMOSSASA FL 34446

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 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) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	LAYMAN, HAROLD		1.2 NAME	Elizabeth Smith	
STREET ADDRESS	30 MASTER DRIVE		1.3 STREET ADDRESS	30 Byrsonima Ct. S	
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-ST-ZIP	Homosassa FL 34446	
TITLE	D	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	[redacted]		2.2 NAME	Lib Gaines	
STREET ADDRESS	4671 S. SAWMILL WAY		2.3 STREET ADDRESS	145 Douglas St.	
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP	Homosassa, FL 34446	
TITLE	CD	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	POWELL, PAUL S		3.2 NAME	Karl Smith	
STREET ADDRESS	126 BEGONIS CT		3.3 STREET ADDRESS	10265 W. Fishbowl Drive	
CITY-ST-ZIP	HOMOSASSA FL		3.4 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	CD	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	KNAUS, JUDITH		4.2 NAME	Hal Slusher	
STREET ADDRESS	6048 W BROMLEY CIRCLE		4.3 STREET ADDRESS	4 Redbay Ct. W.	
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-ST-ZIP	Homosassa, FL 34446	
TITLE	D	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	HOES, DON		5.2 NAME	Ruth Oblinger	
STREET ADDRESS	5272 S RIVERVIEW CIRCE		5.3 STREET ADDRESS	P.O. Box 446 NA	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL		5.4 CITY-ST-ZIP	Homosassa Springs, FL 34447	
TITLE	D	☒ DELETE	6.1 TITLE	T	☐ Change ☐ Addition
NAME	KLEIN,ROBERT		6.2 NAME	Albert Smyser	
STREET ADDRESS	11945 W. RIVERHAVEN DRIVE		6.3 STREET ADDRESS	9370 N. Northcut Ave.	
CITY-ST-ZIP	HOMOSASSA FL		6.4 CITY-ST-ZIP	Crystal River, FL 34428	

CR2E037 (9/96)

14. I do 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.