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May 08 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 # **732453** **(6)**

1. Corporation Name
**FIRST UNITED METHODIST CHURCH / HOMOSASSA AREA I NC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8831 W BRADSHAW ST.<br>HOMOSASSA FL 34446<br>US | 8831 W BRADSHAW ST.<br>HOMOSASSA FL 34446<br>US |

3. Date Incorporated or Qualified: 04/14/1975

4. FEI Number: 59-2167026 ☐ 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**

POWELL, PAUL S
16 BEGONIS CT
HOMOSSASA FL 34446

**10. Name and Address of New Registered Agent**

81 Name: Elizabeth Smith
82 Street Address (P.O. Box Number is Not Acceptable): 30 Byrsonima Ct. S.
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: Elizabeth Smith 4-27-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SMITH, ELIZABETH<br>30 BYRSONIMA CT S<br>HOMOSASSA FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | S<br>Gaines, Elizabeth<br>145 Douglas St<br>Homosassa, FL 34446 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HENRY, JOSEPH<br>4671 S. SAWMILL WAY<br>HOMOSASSA FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | T<br>Oblinger, Ruth<br>9795 W. Halls River Rd.<br>Homosassa, Fl 34448 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>POWELL, PAUL S<br>126 BEGONIS CT<br>HOMOSASSA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T<br>Hoar, Merl<br>31 Linder Dr.<br>Homosassa, Fl 34446 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SLUSHER, HAL<br>4 REDBAY CT W<br>HOMOSASSA FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | T<br>Smith, Karl<br>10265 W. Fishbowl Drive<br>Homosassa, FL 34487 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOES, DON<br>5272 S RIVERVIEW CIRCE<br>HOMOSASSA SPRINGS FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | V<br>Kohler, Clarence<br>5591 West Tice Street<br>Homosassa, FL 34446 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SMYSER, ALBERT<br>9370 N NORTHCUT AVE<br>CRYSTAL RIVER FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | T<br>Stone, Robert<br>4 Honeysuckle Drive<br>Homosassa, FL | ☒ Change ☐ Addition |

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:** Elizabeth Smith RECEIVED 4-27-98 352-382-0699