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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

462911 - 90191 - 24

DOCUMENT # 732453

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 34446 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/14/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2167026 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Court S.
83: Homosassa, Florida
84 City: 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 4/28/99
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ELIZABETH		1.2 NAME		
STREET ADDRESS	30 BYRSONIMA CT S		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	OBLINGER, RUTH		2.2 NAME	Kohler, Clarence	
STREET ADDRESS	9795 W HALLS RIVER ROAD		2.3 STREET ADDRESS	5591 West Tice Street	
CITY-ST-ZIP	HOMOSASSA FL 34448		2.4 CITY-ST-ZIP	Homosassa, Fl 34446	
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	POWELL, PAUL S		3.2 NAME	Hoar, Merl	
STREET ADDRESS	126 BEGONIS CT		3.3 STREET ADDRESS	31 Linder Drive	
CITY-ST-ZIP	HOIMOSASSA FL		3.4 CITY-ST-ZIP	Homosassa, Florida 34446	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLUSHER, HAL		4.2 NAME		
STREET ADDRESS	4 REDBAY CT W		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	HOES, DON		5.2 NAME	Layman, Harold	
STREET ADDRESS	5272 S RIVERVIEW CIRCE		5.3 STREET ADDRESS	30 Masters Drive S.	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL		5.4 CITY-ST-ZIP	Homosassa, Florida 34446	
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMYSER, ALBERT		6.2 NAME	Gaines, Elizabeth P (Lib)	
STREET ADDRESS	9370 N NORTHCUT AVE		6.3 STREET ADDRESS	145 Douglas Street	
CITY-ST-ZIP	CRYSTAL RIVER FL		6.4 CITY-ST-ZIP	Homosassa, Florida 34446	

CR2E037 (11/98)

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: Elizabeth Smith **SIGNATURE REQUIRED** 4/28/99 352-382-0699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #