

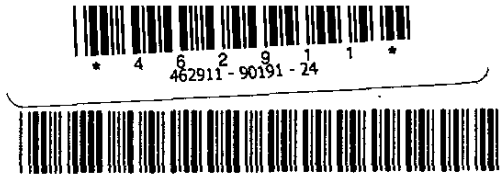
FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90191 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732453					
1. Corporation Name FIRST UNITED METHODIST CHURCH / HOMOSASSA AREA I NC.					
Principal Place of Business 8831 W BRADSHAW ST. HOMOSASSA FL 34446 US			Mailing Address 8831 W BRADSHAW ST. HOMOSASSA FL 34446 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/14/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2167026	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWELL, PAUL S				81 Name Elizabeth Smith			
16 BEGONIS CT				82 Street Address (P.O. Box Number is Not Acceptable) 30 Byrsonima Court S.			
HOMOSASSA FL 34446				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	☒ Change ☐ Addition	
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	HOMOSASSA FL			3.4 CITY-ST-ZIP	Homosassa, Florida 34446	☐ Change ☐ Addition	
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	☐ Change ☐ Addition	
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		

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* 4/28/99 352-382-0699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)