FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737749 (2)

1. Corporation Name

ALTOONA UNITED METHODIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
HWY 19 NORTH 42631 PO BOX 114 ALTOONA FL 32702-0114	HWY 19 NORTH 42631 PO BOX 114 ALTOONA FL 32702-0114

3. Date Incorporated or Qualified: 01/06/1977
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2340905 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAHOLM JOE
29760 SE 150TH STREET
ALTOONA FL 32702

10. Name and Address of New Registered Agent

81 Name: Joe Maholm
82 Street Address (P.O. Box Number is Not Acceptable): 29760 S.E. 150th St
83
84 City: Altoona FL 85 Zip Code: 32702

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joe Maholm — 3-13-95
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	1.1 TITLE	D ☒ Change ☐ Addition
NAME	KEMP, ERMA	1.2 NAME	Terry Burt
STREET ADDRESS	43411 19N	1.3 STREET ADDRESS	816 Citrus Ave.
CITY-ST-ZIP	ALTOONA FL	1.4 CITY-ST-ZIP	Eustis, FL. 32726
TITLE	DPC	2.1 TITLE	☐ Change ☐ Addition
NAME	MAHOLM, JOE	2.2 NAME	
STREET ADDRESS	29760 S.E. 150TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	HUDISH, BETTY	3.2 NAME	Bill Johnson
STREET ADDRESS	PO BOX 143 N/A	3.3 STREET ADDRESS	1825 Bay Rd. Lot 133
CITY-ST-ZIP	ALTOONA, FL 00000	3.4 CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	HARNE, TOMMY	4.2 NAME	James Gibson
STREET ADDRESS	45819 ILLINOIS	4.3 STREET ADDRESS	37029 Pine Meadows Rd.
CITY-ST-ZIP	ALTOONA, FL 00000	4.4 CITY-ST-ZIP	Umatilla, FL. 32784
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	RENGERT, GEORGE	5.2 NAME	
STREET ADDRESS	780 KENTUCKY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, SUSIE	6.2 NAME	
STREET ADDRESS	P O BOX 1462 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL 00000	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: Joe Maholm President — 3-13-95 — 904 669-8670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR0174