

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:37

DOCUMENT # 758831 (2)
1. Corporation Name
CONCORD PARK UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
701 WEST CONCORD ORLANDO FL 32805 701 WEST CONCORD ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1981 3a. Date of Last Report 02/14/1994
4. FEI Number 59-0683259 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

ETTER, CLIFFORD H
6500 QUARTER HORSE LANE
ORLANDO FL 32818

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ETTER, CLIFF
STREET ADDRESS 6500 QUARTER HORSE LANE
CITY-ST-ZIP ORLANDO FL 32818

TITLE V
NAME ULMER, JAMES
STREET ADDRESS 1809 S. KIRKMAN RD., #1614
CITY-ST-ZIP ORLANDO FL 32811

TITLE D
NAME KNOX, JACK MRS.
STREET ADDRESS 350 E. JACKSON ST., #211
CITY-ST-ZIP ORLANDO FL

TITLE S
NAME BUSHMAN, FRANCIS MRS.
STREET ADDRESS 1929 S. KIRKMAN RD., #113
CITY-ST-ZIP ORLANDO FL 32800

TITLE TD
NAME PLATE, DIANE
STREET ADDRESS 1322 PALM DRIVE
CITY-ST-ZIP APOPKA FL

TITLE D
NAME YOUNGS, DON
STREET ADDRESS 715 W. CONCORD ST.
CITY-ST-ZIP ORLANDO FL 32805

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(4), 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:

Diane S. Plate

DIANE PLATE

1/17/95

407-774-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone