

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 3:01

DOCUMENT # 765844 (6)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF LUTZ, INC.



Principal Place of Business
**2ND ST AND LAKE FERN RD
P O BOX 217
LUTZ FL 33549**

Mailing Address
**2ND ST AND LAKE FERN RD
P O BOX 217
LUTZ FL 33549**

3. Date Incorporated or Qualified **11/23/1982** 3a. Date of Last Report **03/09/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|---|---------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 59-0751925 | Applied For |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | Country | 30 | Country | | | |

| | | | | | | | |
|---|--|--|--|--|---|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ARLEDGE, A, ANN 806 E MADISON ST 18409 TIMBERLAN (RES) LUTZ FL 33549 | | | | 81 | Name Frank Hearne | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 18400 Timberlan Dr 201 E. Kennedy Ave | | |
| | | | | 83 | Suite Suite 2045 | | |
| | | | | 84 | City | FL | 85 |

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 *Frank Hearne* DATE **5/2/96**

| | | | | | | | |
|----------------------------|------------------------------|--|--|---|-------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DABNEY, LORRAINE | | | 1.2 NAME | Oscar Crouch Sr | | |
| STREET ADDRESS | 1418 WILLIAMS RD. | | | 1.3 STREET ADDRESS | 3309 Alamar St | | |
| CITY-ST-ZIP | LUTZ FL | | | 1.4 CITY-ST-ZIP | Lutz FL 33549-4938 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | - | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SNOOK, NORMAN K. | | | 2.2 NAME | Frank Hearne | | |
| STREET ADDRESS | 2942 JABUD LANE | | | 2.3 STREET ADDRESS | 18400 Timberlan Dr | | |
| CITY-ST-ZIP | LAND O LAKES FL 34639 | | | 2.4 CITY-ST-ZIP | Lutz FL 33549 | | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HURLEY, JOHN | | | 3.2 NAME | Lexie Schwabel | | |
| STREET ADDRESS | 2503 RUSTIC OAKS | | | 3.3 STREET ADDRESS | 16514 Silverhill Dr | | |
| CITY-ST-ZIP | LUTZ FL | | | 3.4 CITY-ST-ZIP | Tampa FL 33624-9000 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GUFFEY, JOHN | | | 4.2 NAME | | | |
| STREET ADDRESS | 7805 PINEVIEW DR. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ODESSA FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARLEDGE, ANN | | | 5.2 NAME | Tim Himes | | |
| STREET ADDRESS | 18409 TIMBERLAN | | | 5.3 STREET ADDRESS | 2012 Meadowbrook Dr | | |
| CITY-ST-ZIP | LUTZ FL | | | 5.4 CITY-ST-ZIP | Lutz FL 33549-5216 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 *Oscar Crouch Sr* DATE **5-7-96** DAYTIME PHONE # **813/949-4111**

Oscar Crouch Sr - Director

CR2E037 (12/95)