


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765844 (6)**  
 1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF LUTZ, INC.**

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

3. Date Incorporated or Qualified <b>11/23/1982</b>
4. FEI Number <b>59-0751925</b>
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 <b>19030 2nd St. NW</b>	26 <b>P.O. Box 217</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>Lutz, FL</b>	City & State <b>Lutz, FL</b>
Zip <b>33549</b>	Country <b>US</b>
25	29
Country <b>US</b>	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEARNE, FRANK**  
**201 E. KENNEDY AVE., SUITE 2045**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROUCH, OSCAR SR</b>	1.2 NAME	
STREET ADDRESS	<b>3309 ALAMAR ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWABEL, LEXIE</b>	2.2 NAME	
STREET ADDRESS	<b>16514 SILVERHILL DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUFFEY, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>7805 PINEVIEW DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIMES, TIM</b>	4.2 NAME	
STREET ADDRESS	<b>2012 MEADOWBROOK DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549-5216</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Resena M. Schaefer* **1/17/98** (813) ext 7478 286-1711

CR2E037 (10/97)