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 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C94000000002 (8)

1. Corporation Name

THE FIRST METHODIST CHURCH OF PLANT CITY, FLORID
A

Principal Place of Business	Mailing Address
303 N EVERS ST PLANT CITY FL 33566	303 N EVERS ST PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:
4. FEI Number: 59-0725541 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TRINKLE, ROBERT S
121 N COLLINS ST
PLANT CITY FL 33566

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	DC	☑ Change ☐ Addition
NAME	DAVIS, J. COLEMAN	12 NAME	COMER, GORDON	
STREET ADDRESS	2605 ROBIN DR	13 STREET ADDRESS	EL SHADDAI RD.	
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	DOVER, FL 33527	
TITLE	DS	21 TITLE	D	☑ Change ☐ Addition
NAME	MILLER, BARBARA	22 NAME	WALDEN, CHARLOTTE	
STREET ADDRESS	2503 ROBIN DR	23 STREET ADDRESS	1104 N. PALM DRIVE	
CITY-ST-ZIP	PLANT CITY FL	24 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	COMER, GORDON	32 NAME	SHEARIN, EARL	
STREET ADDRESS	EL SHADDAI RD	33 STREET ADDRESS	2604 KAREN DRIVE	
CITY-ST-ZIP	DOVER FL	34 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	HAYNSWORTH, CAROLYN	42 NAME	WOOTEN, PERRY	
STREET ADDRESS	5303 HAYNSWORTH DR	43 STREET ADDRESS	1909 cARRIAGE cOURT	
CITY-ST-ZIP	PLANT CITY FL	44 CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	AULABAUGH, PAUL	52 NAME	HAYNSWORTH, CAROLYN	
STREET ADDRESS	11814 SAND HILL RD	53 STREET ADDRESS	5303 HAYNSWORTH DRIVE	
CITY-ST-ZIP	THONOTOSASSA FL	54 CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	BODY, PAUL	62 NAME	AULABAUGH, PAUL	
STREET ADDRESS	1205 N PALM DR	63 STREET ADDRESS	11814 SAND HILL ROAD	
CITY-ST-ZIP	PLANT CITY FL	64 CITY-ST-ZIP	THONOTOSASSAA, FL 33592	

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)(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 added on an attached sheet with an address.

SIGNATURE: Gordon Comer 2/28/95 (813) 759-0262 EXT. 6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001M13