

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:05

DOCUMENT # N06851 (2)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF SEFFNER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1310 KINGSWAY ROAD, SOUTH
PO BOX 607
SEFFNER FL 33584

3. Date Incorporated or Qualified 12/28/1984
3a. Date of Last Report 05/27/1994
4. FBI Number 59-2252389
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

EASH, W.L.
2401 STONEHILL AVENUE
VALRICO FL 33584

10. Name and Address of New Registered Agent

81 Name SCHNAARE, RICHARD K, SR.
82 Street Address (P.O. Box Number is Not Acceptable) 309 HOLLOWTREE DRIVE
83
84 City Seffner, FL 85 Zip Code 33584

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 Richard K. Schnaare Sr. DATE 4-12-95
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, JAMES
STREET ADDRESS	1118 ESTATEWOOD DR.
CITY - ST - ZIP	BRANDON FL
TITLE	D
NAME	CONKLIN, RAY
STREET ADDRESS	2618 S. PARSONS AVENUE
CITY - ST - ZIP	SEFFNER FL
TITLE	C
NAME	EASH, W.L.
STREET ADDRESS	2401 STONEHILL AVE.
CITY - ST - ZIP	VALRICO FL
TITLE	D
NAME	CASTEEL, JIM
STREET ADDRESS	331 HOLLOW TREE TRL
CITY - ST - ZIP	SEFFNER FL
TITLE	D
NAME	STONE, HARRIET
STREET ADDRESS	115 PHILLIPS AVE.
CITY - ST - ZIP	SEFFNER FL
TITLE	D
NAME	SHORT, PHILLIPS
STREET ADDRESS	106 WENSE AVE.
CITY - ST - ZIP	SEFFNER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	☒ Change ☐ Addition
1.2 NAME	ROBINSON, JAMES	
1.3 STREET ADDRESS	1118 Estatewood Dr.	
1.4 CITY - ST - ZIP	Brandon, FL 33510	
2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	PRYOR, DALLAS	
2.3 STREET ADDRESS	416 Mahogany Dr.	
2.4 CITY - ST - ZIP	Seffner, FL 33584	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	BARKER, PATTY	
3.3 STREET ADDRESS	4821 Williams Rd.	
3.4 CITY - ST - ZIP	Tampa, FL 33610	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	SIMMONS, DENNIS	
4.3 STREET ADDRESS	103 Roberts Dr.	
4.4 CITY - ST - ZIP	Seffner, FL 33584	
5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME	BLANEY JIM	
5.3 STREET ADDRESS	3021 King Phillip Way	
5.4 CITY - ST - ZIP	Seffner, FL 33584	
6.1 TITLE	T	☐ Change ☒ Addition
6.2 NAME	WARD, DEE	
6.3 STREET ADDRESS	716 Queens Court	
6.4 CITY - ST - ZIP	Seffner, FL 33584	

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 recorder 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: Richard K. Schnaare Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-12-95 (012) 689-0959
Date Daytime Phone #