

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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 **05/23/1995**
4. FEI 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**
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
SCHNAARE, RICHARD K ST
309 HOLLOWTREE DR
SEFFNER FL 33584
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 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	ROBINSON, JAMES	1.2 NAME	Reibling, Todd
STREET ADDRESS	1118 ESTATEWOOD DR.	1.3 STREET ADDRESS	1515 Highcrest Circle
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	T	2.1 TITLE	
NAME	PRYOR, DALLAS	2.2 NAME	
STREET ADDRESS	416 MAHAGONY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T
NAME	BARKER, PATTY	3.2 NAME	Coeburn, Renee
STREET ADDRESS	4821 WILLIAMS RD	3.3 STREET ADDRESS	1302 Vinemont Dr
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	T	4.1 TITLE	
NAME	SIMMONS, DENNIS	4.2 NAME	
STREET ADDRESS	103 ROBERTS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	BLANEY, JIM	5.2 NAME	
STREET ADDRESS	3021 KING PHILIP WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T
NAME	WARD, LEE	6.2 NAME	Scionti, Dee
STREET ADDRESS	716 QUEENS CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	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: *Richard K. Schnaare Sr.* (813) 689-0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Schnaare, Richard Sr. 4/26/96
Date Day/Mo/Yr

CR2E037 (12/95)