

84-30-97 B- 5917 -c
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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N06851 (2)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF SEFFNER, INC.

Principal Place of Business

1310 KINGSWAY ROAD, SOUTH
PO BOX 607
SEFFNER FL 33584

Mailing Address

1310 KINGSWAY ROAD, SOUTH
PO BOX 607
SEFFNER FL 33584-5122



3. Date Incorporated or Qualified
12/28/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 ~~Schnaare, Richard K Sr.~~
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
T	ROBINSON, JAMES	1118 ESTATEWOOD DR.	BRANDON FL	<input checked="" type="checkbox"/>
T	PRYOR, DALLAS	416 MAHAGONY DR	SEFFNER FL	<input checked="" type="checkbox"/>
T	BARKER, PATTY	4821 WILLIAMS RD	TAMPA FL	<input checked="" type="checkbox"/>
T	SIMMONS, DENNIS	103 ROBERTS DR	SEFFNER FL	<input checked="" type="checkbox"/>
T	BLANEY, JIM	3021 KING PHILIP WAY	SEFFNER FL	<input checked="" type="checkbox"/>
T	SCIONTI, DEE	716 QUEENS CT	SEFFNER FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.5 Change	1.6 Addition
D	Nancy Plate	1904 Rambling Ln	Brandon, FL 33510	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Dean D'Errico	13845 Haynes Rd	Dover, FL 33527	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Harriet Stone	115 Phillips Dr	Seffner, FL 33584	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

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

Richard K Schnaare Sr

Date

4/15/97

813-689-0859

Daytime Phone # 0046615

CR2E037 (9/96)