

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 # **N24580** (5)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF BROOKSVILLE, IN C.



Principal Place of Business: 109 SOUTH BROAD STREET, BROOKSVILLE FL 34601-2831
Mailing Address: 109 SOUTH BROAD STREET, BROOKSVILLE FL 34601-2831

3. Date Incorporated or Qualified: 01/29/1988
3a. Date of Last Report: 08/09/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1009938	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24		29		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSTON, JOSEPH E., JR. 29 S. BROOKSVILLE AVENUE BROOKSVILLE FL 34601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, JOHN			1.2 NAME	Browning, Henry		
STREET ADDRESS	921 MILDRED AVE., S			1.3 STREET ADDRESS	518 Sharon St.		
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-ST-ZIP	Brooksville, FL. 34601		
TITLE	STR	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	STR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOBLE, JACQUELYN			2.2 NAME	Rogers, Robert		
STREET ADDRESS	24411 CORTEZ BLVD.			2.3 STREET ADDRESS	516 N. Howell Ave.		
CITY-ST-ZIP	BROOKSVILLE FL			2.4 CITY-ST-ZIP	Brooksville, Fl. 34601		
TITLE	TR	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDERSON, KEITH			3.2 NAME	Luebbe, J.W.		
STREET ADDRESS	10369 WALIEN DR.			3.3 STREET ADDRESS	6015 Forest Creek Dr.		
CITY-ST-ZIP	BROOKSVILLE FL			3.4 CITY-ST-ZIP	Brooksville, Fl. 34601		
TITLE	TR	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VANLERAH, LAWRENCE			4.2 NAME	Shorter, Sandra		
STREET ADDRESS	1254 CANDLELIGHT BLVD.			4.3 STREET ADDRESS	407 Coogler		
CITY-ST-ZIP	BROOKSVILLE FL			4.4 CITY-ST-ZIP	Brooksville, Fl. 34601		
TITLE	TR	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCARBOROUGH, PATRICIA			5.2 NAME	Townsend, Robert		
STREET ADDRESS	260 SUNSET DR			5.3 STREET ADDRESS	15131 Brice Dr.		
CITY-ST-ZIP	BROOKSVILLE FL			5.4 CITY-ST-ZIP	Brooksville, Fl. 34601		
TITLE	TR	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWNING, HENRY			6.2 NAME			
STREET ADDRESS	518 SHARON DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE 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: Henry Browning *Henry Browning* 1-18-96 352 796 5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)