FIL	E.	NOW:	FILING	FEE	IS	\$61	.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

2 Division of Corporations

DOCUMENT #

(3)

HANSON UNITED	METHODIST	CHURCH,	INC.

P.O. BOX 513 MADISON FL 32341

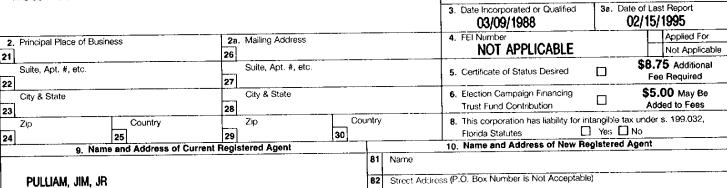
Principal Place of Business

RT 2 BOX 545

MADISON FL 32340

Mailing Address

P.O.	BOX	513	1
MAD	ISON	FL	3234



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.

83

84 City

latrillat with	it, and accept the obligations of occion of the					
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rege	stered Agent signature req		DATÉ	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF		
TITLE	D DELE	ETE	1.1 TITLE	CT	Change	☐ Addition
NAME	SOBOL, BILL		1.2 NAME	WILLIAM SOBOL		
STREET ADDRESS	RT. 2 BOX 2670		1.3 STREET ADDRESS	RT 2 BOX 2670		
CITY-ST-ZIP	MADISON FL 32340		1.4 CITY-\$1-ZIP	MADISON FL 32340		TYAARE.
TITLE	CD DELU	ETE	2.1 TITLE	T	Change	Addition
NAME	STRICKLAND, PAULINE		2.2 NAME	WARNER ROLLINGS		
STREET ADDRESS	301 S.E. DADE STREET		2.3 STREET ADDRESS	RT 2 BOX 275		
CITY-ST-ZIP	MADISON FL 32340		2 4 CITY - ST - ZIP	MADISON FL 32340		19 . 1 m2
TITLE	D DEL	ETE	3.1 TITLE	T	Change	Addition
NAME	BURRUSS, LUSBY REV.		3.2 NAME	FLORENCE NEWBERRY		
STREET ADDRESS	512 N.W. WASHINGTON ST.		3.3 STREET ADDRESS	RT 2 BOX 498		
CITY-ST-ZIP	MADISON FL 32340		3.4. C(TY - ST - Z(P	MADISON FL 32340		T Address
TITLE	DEL	ETE	4.1 TITLE		Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS		l	4.3 STREET ADDRESS			
CITY-ST-ZIP	<u></u>		4.4 CITY - ST - ZIP			
TITLE	□ DEL	LETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			Thire.
TITLE	DEL	LETE	6.1 TITLE		Change	■ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OTTICE ROBITEDO			i			

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.

WILLIAM SOBOL

MARCH 16, 1996

CR2E037 (12/95)

Zip Code

85