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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N29407** **(6)**

1. Corporation Name
FOREST UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
17635 EAST HIGHWAY 40 SILVER SPRINGS FL 32688	17635 EAST HIGHWAY 40 SILVER SPRINGS FL 32688

3. Date Incorporated or Qualified: **11/23/1988**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **53-0002543** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SIVERT, WILLIAM K
1910 S E 170TH AVE RD
SILVER SPRINGS FL 34488

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	STEVENS, NOLAN		1.2 NAME		
STREET ADDRESS	17475 SE 18TH ST		1.3 STREET ADDRESS	SIVERT WILLIAM K	
CITY-ST-ZIP	SILVER SPRINGS FL		1.4 CITY-ST-ZIP	1910 SE 170 Ave Rd S.S Fl 34488	
TITLE	VC	☐ DELETE	2.1 TITLE	VC	☒ Change ☐ Addition
NAME	SILVERT, WILLIAM K		2.2 NAME	HEALD, BILL	
STREET ADDRESS	1910 SE 170TH AVE RD		2.3 STREET ADDRESS	2401 N.E 36th Pl	
CITY-ST-ZIP	SILVER SPRINGS FL		2.4 CITY-ST-ZIP	Ocala Fl 34471	
TITLE	D	☐ DELETE	3.1 TITLE	Sect.	☒ Change ☐ Addition
NAME	HEADD, WILLIAM		3.2 NAME	STADLBERGER, ARLENE	
STREET ADDRESS	2401 NE 36TH PL		3.3 STREET ADDRESS	13582 E Hwy.40 #283	
CITY-ST-ZIP	SILVER SPRINGS FL		3.4 CITY-ST-ZIP	Silver Springs Fl 34488	
TITLE	S	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HARMAN, IDA		4.2 NAME	Jones, Charles	
STREET ADDRESS	14635 NE 186TH PL		4.3 STREET ADDRESS	16400 S.E. 3RD St	
CITY-ST-ZIP	SILVER SPRINGS FL		4.4 CITY-ST-ZIP	Silver Springs Fl 34488	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	YOUNG, MARY		5.2 NAME	STEVENS BETTY L	
STREET ADDRESS	18039 SE 18 ST		5.3 STREET ADDRESS	17475 S.E. 18th St.	
CITY-ST-ZIP	SILVER SPRINGS FL		5.4 CITY-ST-ZIP	Silver Springs Fl 34488	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WEBSTER, ROBERT		6.2 NAME	McLEOD, DON JR.	
STREET ADDRESS	PO BOX 1298 N/A		6.3 STREET ADDRESS	1532 S.E. 188Ave	
CITY-ST-ZIP	OCKLAWAHA FL		6.4 CITY-ST-ZIP	Silver Springs Fl 34488	

CR2E037 (9/96)

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: WILLIAM K SIVERT William K Sivert 1-19-97