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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

PLORIDA 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

4. FEI Number: 53-0002543 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: William K. Sivert Jr — William K. Sivert, Jr — January 15, 1998
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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIVERT WILLIAM K		1.2 NAME		
STREET ADDRESS	1910 SE 170 AVE. RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEALD, BILL		2.2 NAME		
STREET ADDRESS	2401 N.E. 36TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☒ Addition
NAME	STADLEBERGER, ARLENE		3.2 NAME	Jones, Wanda	
STREET ADDRESS	13582 E. HWY 40 #283		3.3 STREET ADDRESS	371 SE 165 Ct Rd	
CITY-ST-ZIP	SILVER SPRINGS FL		3.4. CITY-ST-ZIP	Silver Springs, Fl 34488	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, CHARLES		4. 2 NAME		
STREET ADDRESS	16400 S.E. 3RD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS BETTY L.		5.2 NAME		
STREET ADDRESS	17475 S.E. 18TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCLEOD, DON JR.		6.2 NAME		
STREET ADDRESS	1532 S.E. 188 AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 Jr — William K. Sivert, Jr. 352)625-5435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #