02261999-90043-042-$61.25-$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90043 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29407**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/23/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 53-0002543 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIVERT, WILLIAM K 1910 S E 170TH AVE RD SILVER SPRINGS FL 34488	81 Name: AL PAOLUCCI 82 Street Address (P.O. Box Number is Not Acceptable): 83: 18533 S.E. 20th Pl. 84 City: SILVER SPRINGS FL 85 Zip Code: 34488

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: Alan L. Paolucci — DATE: 4-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	SIVERT WILLIAM K		1.2 NAME	AL PAOLUCCI	
STREET ADDRESS	1910 SE 170 AVE. RD		1.3 STREET ADDRESS	18533 S.E. 20th Pl	
CITY-ST-ZIP	SILVER SPRINGS FL		1.4 CITY-ST-ZIP	Silver Springs Fl 34488	
TITLE	VC	☒ DELETE	2.1 TITLE	VC	☒ Change ☐ Addition
NAME	HEALD, BILL		2.2 NAME	Jim Redmond	
STREET ADDRESS	2401 N.E. 36TH PLACE		2.3 STREET ADDRESS	18650 SE 53rd Place	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Oklawaha FL 32179	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, WANDA		3.2 NAME		
STREET ADDRESS	371 SE 165 CT RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488		3.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: AL PAOLUCCI SIGNATURE REQUIRED Alan L. Paolucci 1-31-99 625-5396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #