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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
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DOCUMENT # N29407

1. Corporation Name

FOREST UNITED METHODIST CHURCH, INC.

Principal Place of Business

17635 EAST HIGHWAY 40
SILVER SPRINGS FL 32688

Mailing Address

17635 EAST HIGHWAY 40
SILVER SPRINGS FL 32688

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

9. Name and Address of Current Registered Agent

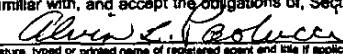
SIVERT, WILLIAM K
 1910 S E 170TH AVE RD
 SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name	AL PAOLUCCI
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	18533 S.E. 20th Pl.
84 City	SILVER SPRINGS FL 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


 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-99

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	
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	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-99

Daytime Phone #

625-5396

CR2E037 (11/98)