

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:19

DOCUMENT # N31577 (2)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF DAYTONA BEACH, INC.

Principal Place of Business

Mailing Address

148 NORTH PALMETTO AVENUE
DAYTONA BEACH FL 32115

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DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1989

3a. Date of Last Report

02/24/1994

4. FEI Number

59-0674248

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, STEPHAN G.
148 NORTH PALMETTO AVENUE
DAYTONA BEACH FL 32114

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME COMPTON, JEROLD B.
STREET ADDRESS 1080 PENINSULA DR
CITY-STATE-ZIP ORMAOND BEACH FL

1.1 TITLE CPD ☒ Change ☐ Addition
1.2 NAME Mary Russell
1.3 STREET ADDRESS 110 Linewood Place #6
1.4 CITY-STATE-ZIP Ormond Beach, FL. 32175-0875

TITLE VD
NAME HALCOMB, JAMES H
STREET ADDRESS 249 SHERWOOD LANE
CITY-STATE-ZIP HOLLY HILL FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D
NAME GEORGE, PARKER
STREET ADDRESS 2284 MARIPOSA AVE
CITY-STATE-ZIP DAYTONA BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D
NAME BLINKHORN, MABEL
STREET ADDRESS 211 BELLEVUE AVE.
CITY-STATE-ZIP DAYTONA BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D
NAME GREEN, JUDD
STREET ADDRESS 1174 STILLWOOD CT
CITY-STATE-ZIP PORT ORANGE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D
NAME SHAW, ROBERT
STREET ADDRESS 1329 CALLE BONITA DR.
CITY-STATE-ZIP DAYTONA BEACH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)