

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

**148 NORTH PALMETTO AVENUE
DAYTONA BEACH FL 32115**

3. Date Incorporated or Qualified
04/07/1989

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0674248

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

24

25

Zip

Country

29

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

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 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 617.0506, Florida Statutes.

SIGNATURE

Stephan G. Hoffman

February 2, 1996

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

(If Officer, Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME RUSSELL, MARY
STREET ADDRESS 110 LIMWOOD PLACE #6
CITY-STATE-ZIP ORMAOND BEACH FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

Chair Person

Bill Turner

1207 Oak Forest Dr.

Ormond Beach Fl 32174

☐ Change ☒ Addition

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

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

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

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

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

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

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

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

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

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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:

Robert Shaw

Robert Shaw

Feb. 5, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)