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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31577 (2)

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF DAYTONA BEACH, INC.

Principal Place of Business 148 NORTH PALMETTO AVENUE DAYTONA BEACH FL 32115	Mailing Address 148 NORTH PALMETTO AVENUE DAYTONA BEACH FL 32115
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/07/1989
4. FEI Number 59-0674248
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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 *Stephan G. Hoffman, Pastor* DATE **2/16/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GARDNER, CHARLES
STREET ADDRESS	727 PARK RIDGE CR
CITY-ST-ZIP	PORT ORANGE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COMPTON, JERRY
STREET ADDRESS	1080 PENINSULA DR
CITY-ST-ZIP	ORMOND BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GEORGE, PARKER
STREET ADDRESS	2284 MARIPOSA AVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	CP <input type="checkbox"/> DELETE
NAME	TURNER, BILL
STREET ADDRESS	1207 OAK FOREST DRIVE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLM, MARIAN
STREET ADDRESS	902 SILVERLEAF PL
CITY-ST-ZIP	PORT ORANGE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHAW, ROBERT
STREET ADDRESS	1329 CALLE BONITA DR.
CITY-ST-ZIP	DAYTONA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davis John
1.3 STREET ADDRESS	124 Mallard Lane
1.4 CITY-ST-ZIP	Daytona Beach FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fox, David
2.3 STREET ADDRESS	32 Bay in the Wood
2.4 CITY-ST-ZIP	Daytona Beach FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fredenburg Adel
3.3 STREET ADDRESS	341 Morningside Avenue
3.4 CITY-ST-ZIP	Daytona Beach FL 32118 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *William D. ...*

CR2E037 (10/97)