


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90064 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N31577**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/07/1989
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0674248
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

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  
Mann, Harry E.  
82 Street Address (P.O. Box Number is Not Acceptable)  
148 North Palmetto Avenue  
83  
84 City  
Daytona Beach FL 85 Zip Code  
32114

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 *Harry E. Mann*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JOHN	1.2 NAME	Emily Nicholas
STREET ADDRESS	124 MALLARD LN	1.3 STREET ADDRESS	1170 Peachtree Rd
CITY-ST-ZIP	DAYTONA BCH FL 32119	1.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, DAVID	2.2 NAME	Maude Lewis
STREET ADDRESS	32 BY IN THE WOOD	2.3 STREET ADDRESS	P. O. Box 163
CITY-ST-ZIP	DAYTONA BCH FL 32119	2.4 CITY-ST-ZIP	Daytona Beach, FL 32115
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDENBURG, ADEL	3.2 NAME	Debbie Halcomb
STREET ADDRESS	341 MORNINGSIDE AVE	3.3 STREET ADDRESS	249 Sherwood Lane
CITY-ST-ZIP	DAYTONA BEACH FL 32118	3.4 CITY-ST-ZIP	Holly Hill, FL 32117
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, BILL	4.2 NAME	Raymond Toomer
STREET ADDRESS	1207 OAK FOREST DRIVE	4.3 STREET ADDRESS	1233 Cadillac Drive
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, MARIAN	5.2 NAME	Bob Shaw
STREET ADDRESS	902 SILVERLEAF PL	5.3 STREET ADDRESS	1329 Calle Bonita Drive
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	Daytona Beach, FL 32119
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Joseph Mummaw
STREET ADDRESS		6.3 STREET ADDRESS	111 Dusk Meadow Trail
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Port Orange, FL 32124

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:

*Harry E. Mann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

1/21/99

Date

904/252-9771

Daytime Phone #

CR2E037 (11/98)