

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 11:11

DOCUMENT # **N43366** (6)
1. Corporation Name
FIRST UNITED METHODIST CHURCH OF CHIEFLAND, INC.

Principal Place of Business Mailing Address
BOX 1086 CHIEFLND FL 32626 BOX 1086 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1991	3a. Date of Last Report 03/09/1994
4. FEI Number 59-2338375	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc. City & State 23	27 Suite, Apt. #, etc. City & State 28
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEAUCHAMP, GREGORY V. 107 E. PARK AVE. CHIEFLND FL 32626		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, STEWART	1.2 NAME	
STREET ADDRESS	1804 NW 5TH ST	1.3 STREET ADDRESS	delete Stewart Wasson
CITY - ST - ZIP	CHIEFLND FL	1.4 CITY - ST - ZIP	
TITLE	RD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERSON, JULIE	2.2 NAME	Davis, Jim
STREET ADDRESS	212 NE 8 STR	2.3 STREET ADDRESS	RR 2, Box 774-28 NA,
CITY - ST - ZIP	CHIEFLND FL	2.4 CITY - ST - ZIP	Chiefland, FL 32626
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRICK, BOBBY	3.2 NAME	Davis, Jeff (replaces Bobby Barrick)
STREET ADDRESS	PO BOX 2209 NA	3.3 STREET ADDRESS	PO Box 1991 NA
CITY - ST - ZIP	CHIEFLND FL	3.4 CITY - ST - ZIP	Chiefland, FL 32626
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, BETTY	4.2 NAME	
STREET ADDRESS	212 NE 6 STR	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, JOHN	5.2 NAME	
STREET ADDRESS	RT 2 BOX 773-28	5.3 STREET ADDRESS	delete John McArthur
CITY - ST - ZIP	CHIEFLND FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, LUTHER	6.2 NAME	
STREET ADDRESS	RT 4 BOX 623-06	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHIEFLND FL	6.4 CITY - ST - 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)(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: STEWART WASSON DATE: 3/7/95 (704) 493-6025