

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 # **N51132 (1)**

1. Corporation Name
FIRST UNITED METHODIST CHURCH OF TAVARES, FLORID A, INC.



Principal Place of Business Mailing Address
P.O. BOX 1125 TAVARES FL 32778

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business 510 LAKESHORE BLVD.	22	Suite, Apt. #, etc.	26	2a. Mailing Address	27	Suite, Apt. #, etc.	28	28. City & State	29	29. Zip	30	30. Country	4.	FBI Number 59-0861877	Applied For	Not Applicable
22	22. City & State TAVARES, FL	27	27. City & State	28	28. City & State	29	29. Zip	30	30. Country	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	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRAKER, WILLIAM CORNER OF OLD HWY 441 AND HWY 19 1330 W. CITIZENS BLVD. TAVARES FL 32778				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	510 LAKESHORE BLVD.		
				84	City	TAVARES	85

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 **WILLIAM FRAKER, SENIOR PASTOR**
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ABEL, DON			1.2 NAME	SEARCY, PAUL		
STREET ADDRESS	1601 N ORANGE AVENUE			1.3 STREET ADDRESS	11317 PINE RIDGE RD.		
CITY - ST - ZIP	TAVARES FL			1.4 CITY - ST - ZIP	LEESBURG FL		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STINSON, JIM			2.2 NAME	DAY, BERNIE		
STREET ADDRESS	P.O. BOX 673			2.3 STREET ADDRESS	40 LATTICE DR.		
CITY - ST - ZIP	TAVARES FL			2.4 CITY - ST - ZIP	LEESBURG FL		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANSON, IVADELLE			3.2 NAME	BAKER, DORIS		
STREET ADDRESS	28837 BEECHNUT R			3.3 STREET ADDRESS	31913 TRACY LANE		
CITY - ST - ZIP	TAVARES FL			3.4 CITY - ST - ZIP	TAVARES FL		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLOYD, DENISE			4.2 NAME	STINSON, JIM		
STREET ADDRESS	28837 BEECHNUT R			4.3 STREET ADDRESS	32801 LAKESHORE DR.		
CITY - ST - ZIP	TAVARES FL			4.4 CITY - ST - ZIP	TAVARES FL		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINKOFF, SANDY			5.2 NAME	HANSON, IVADELLE		
STREET ADDRESS	1796 VIRGINIA COURT			5.3 STREET ADDRESS	1300 ORANGE AVE.		
CITY - ST - ZIP	TAVARES FL			5.4 CITY - ST - ZIP	TAVARES FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTTE, JOYCE			6.2 NAME			
STREET ADDRESS	1807 CAROLINA COURT			6.3 STREET ADDRESS			
CITY - ST - ZIP	TAVARES 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 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: **DONALD C. ABEL, TRUSTEE** 4/11/96 352 343-9734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)