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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, FLORIDA, INC.



Principal Place of Business  
510 LAKESHORE BLVD  
TAVARES FL 32778  
US

Mailing Address  
P.O. BOX 1125  
TAVARES FL 32778-1125

3. Date Incorporated or Qualified 09/28/1992  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

4. FEI Number 59-0861877  
Applied For Not Applicable

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent  
FRAKER, WILLIAM  
510 LAKESHORE BLVD  
TAVARES FL 32778

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 *Frank W. Fraker* Frank W. Fraker January 24, 1997  
(NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|----------------------|---|--------------------|
| TITLE                      | T                    | 1.1 TITLE   | T                  |
| NAME                       | ABEL, DON            | 1.2 NAME  | Stan Wilson        |
| STREET ADDRESS             | 1601 N ORANGE AVENUE | 1.3 STREET ADDRESS                                    | 1111 Ben Hope Dr.  |
| CITY-ST-ZIP                | TAVARES FL           | 1.4 CITY-ST-ZIP                                       | Leesburg, FL 34788 |
| TITLE                      | T                    | 2.1 TITLE   | T                  |
| NAME                       | STINSON, JIM         | 2.2 NAME  | Doris N. Baker     |
| STREET ADDRESS             | 32801 LAKESHORE DR   | 2.3 STREET ADDRESS                                    | 31913 Tracy Lane   |
| CITY-ST-ZIP                | TAVARES FL           | 2.4 CITY-ST-ZIP                                       | TAVARES, FL 32778  |
| TITLE                      | T                    | 3.1 TITLE   | T                  |
| NAME                       | HANSON, IVADELLE     | 3.2 NAME  | Bernard Day        |
| STREET ADDRESS             | 1300 ORANGE AVE      | 3.3 STREET ADDRESS                                    | 40 Lattice Dr.     |
| CITY-ST-ZIP                | TAVARES FL           | 3.4 CITY-ST-ZIP                                       | Leesburg, FL 34788 |
| TITLE                      | T                    | 4.1 TITLE   | T                  |
| NAME                       | LLOYD, DENISE        | 4.2 NAME  | Richard Irwin      |
| STREET ADDRESS             | 28837 BEECHNUT R     | 4.3 STREET ADDRESS                                    | 23 Rhett Rd.       |
| CITY-ST-ZIP                | TAVARES FL           | 4.4 CITY-ST-ZIP                                       | Leesburg, FL 34788 |
| TITLE                      | T                    | 5.1 TITLE   |                    |
| NAME                       | MINKOFF, SANDY       | 5.2 NAME  |                    |
| STREET ADDRESS             | 1796 VIRGINIA COURT  | 5.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | TAVARES FL           | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | T                    | 6.1 TITLE   |                    |
| NAME                       | SEARCY, PAUL         | 6.2 NAME  |                    |
| STREET ADDRESS             | 11317 PINE RIDGE RD  | 6.3 STREET ADDRESS                                    |                    |
| CITY-ST-ZIP                | LEESBURG FL          | 6.4 CITY-ST-ZIP                                       |                    |

14. I do 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: *Doris N. Baker* Doris N. Baker January 24, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014822

CFR2E037 (9/96)