

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikoff 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
--	--

3. Date Incorporated or Qualified 09/28/1992	
4. FEI Number 59-0861877	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	28 Zip	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
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 checked="" type="checkbox"/> No NA	

9. Name and Address of Current Registered Agent

FRAKER, WILLIAM
510 LAKESHORE BLVD
TAVARES FL 32778

JONES, DENMAN A.

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Denman A. Jones* DATE _____
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Trustee <input type="checkbox"/> DELETE	1.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABEL, DON	1.2 NAME	Allen, Joyce
STREET ADDRESS	1601 N ORANGE AVENUE	1.3 STREET ADDRESS	3222 Myakka River Road
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	Trustee <input type="checkbox"/> DELETE	2.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, DORIS N.	2.2 NAME	Duncan, Bruce
STREET ADDRESS	31913 TRACY LANE	2.3 STREET ADDRESS	456 West 10th Avenue
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	Mt. Dora, FL 32757
TITLE	Trustee <input type="checkbox"/> DELETE	3.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, IVADELLE	3.2 NAME	Jennings, Richard
STREET ADDRESS	1300 ORANGE AVE	3.3 STREET ADDRESS	1233 Elkart Circle
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	Trustee <input type="checkbox"/> DELETE	4.1 TITLE	Reverend <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN, RICHARD	4.2 NAME	Jones, Denman
STREET ADDRESS	23 RHETT RD.	4.3 STREET ADDRESS	510 Lakeshore Blvd.
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	Trustee <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, STAN	5.2 NAME	
STREET ADDRESS	1111 BEN HOPE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, BERNARD	6.2 NAME	
STREET ADDRESS	40 LATTICE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	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: *Denman A. Jones* *Doris N. Baker* *2/1/98 (352) 343-2761*

CR2E037 (10/97)