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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90051 029 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # N51132

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

Principal Place of Business 510 LAKESHORE BLVD TAVARES FL 32778 US	Mailing Address P.O. BOX 1125 TAVARES FL 32778
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2. Principal Place of Business 21 601 N. Barrow Ave Suite, Apt. #, etc. 22 City & State 23 Tavares FL Zip Country 24 32778 25 USA	2a. Mailing Address 26 P.O. Box 1086 Suite, Apt. #, etc. 27 City & State 28 Tavares FL Zip Country 29 32778 30 USA	3. Date Incorporated or Qualified 09/28/1992	4. FEI Number 59-0861877 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
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9. Name and Address of Current Registered Agent
JAMES, DENHAM A.
510 LAKESHORE BLVD
TAVARES FL 32778

10. Name and Address of New Registered Agent
 81 Name **Denman A. Jones**
 82 Street Address (P.O. Box Number is Not Acceptable)
601 N. Barrow Ave
 83
 84 City **Tavares FL** 85 Zip Code **32778**

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 **1-26-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<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 Rd
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, DORIS N.	2.2 NAME	Jennings, Richard
STREET ADDRESS	31913 TRACY LANE	2.3 STREET ADDRESS	1233 Elkhart Circle
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, IVADELLE	3.2 NAME	Ward, Jo
STREET ADDRESS	1300 ORANGE AVE	3.3 STREET ADDRESS	2195 E. Crooked Lake Dr
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN, RICHARD	4.2 NAME	Minkoff, Sandy
STREET ADDRESS	23 RHETT RD.	4.3 STREET ADDRESS	1796 Virginia Ct
CITY-ST-ZIP	LESSBURG FL	4.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, STAN	5.2 NAME	Duff, Bob
STREET ADDRESS	1111 BEN HOPE DR.	5.3 STREET ADDRESS	11337 Pine Ridge Rd
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, BERNARD	6.2 NAME	Dillard, Frank
STREET ADDRESS	40 LATTICE DR.	6.3 STREET ADDRESS	11301 Dead River Rd
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	Tavares, FL 32778

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: *Joyce Allen* **SIGNATURE REQUIRED Chair** DATE **1/26/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

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